DOCUMENT RESUME

ED 346 629 EC 220 574

TITLE	Rehabilitation in Asia and the Pacific, 1988.
INSTITUTION	Japanese Society for Rehabilitation of the Disabled, Tokyo.; Rehabilitation International, New York, N.Y.
PUB DATE	Jun 88
NOTE	195p.; Prepared by the Regional Committee for Asia and the Pacific Region of Rehabilitation International.
AVAILABLE FROM	Japanese Society for Rehabilitation of the Disabled, 20-8 7-chome, Nishishinjuku, Shinjuku-ku, Tokyo, Japan (3,000 yen).
PUB TYPE	Information Analyses (070) -- Books (010)
EDRS PRICE	MF01/PC08 Plus Postage.
DESCRIPTORS	*Delivery Systems; *Demography; *Disabilities; Elementary Secondary Education; Foreign Countries; Government Role; Higher Education; Incidence; Legislation; Preschool Education; Public Policy; *Rehabilitation; Social Services; *Special Education; Trend Analysis; Welfare Services
IDENTIFIERS	*Asia; Australia; Bangladesh; China; Hong Kong; India; Indonesia; Japan; Korea; Malaysia; Nepal; New Zealand; *Pacific Region; Pakistan; Philippines; Singapore; Thailand; Western Samoa

ABSTRACT

The current state of rehabilitation for persons with disabilities in the Asia and Pacific Region is outlined in a series of national or regional descriptions. The descriptions focus on such aspects as the incidence of disabilities, education, demographic and economic factors, attitudes, government policy and initiatives, non-government initiatives and organizations, trends or movements, general and disability-specific rehabilitation services, public and private cooperation, professional personnel and training, priorities and issues, and planned action. Descriptions are given of rehabilitation in Australia, Bangladesh, China, Hong Kong, India, Indonesia, Japan, Korea, Malaysia, Nepal, New Zealand, Pakistan, the Philippines, Singapore, Thailand, Western Samoa, and governments and postsecondary institutions of the Western Pacific Region. (MSE)

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Rehabilitation in Asia and the Pacific

1988

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Regional Committee for Asia and the Pacific Region, Rehabilitation International
The Japanese Society for Rehabilitation of the Disabled

Production of this book was supported by the public benefit promotion fund of the Japan Motor cycle Racing Organization.

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Rehabilitation in Asia and the Pacific

1988

Regional Committee for Asia and the Pacific Region, Rehabilitation International
The Japanese Society for Rehabilitation of the Disabled

Foreword

REHABILTATION INTERNATIONAL is divided into 7 regions. RI expects each region to organize a Regional Committee comprised of representatives of the various affiliate member countries of RI. The Committe members seek to develop and promote rehabilitation programs that are most relevant to the needs and cultures within their regions.

Ever since early days, the Asia & Pacific Region has been considered the most active of all Regions: Regional conferences are held reguarly; Newsletters (RECAP) are published regularly every few months; cooperation is expected and found via the development of various rehabilitation projects, both intra-and inter-regionally. All the above have been seen as vital in developing the greatest possible exchange of information concerning rehabilitation techniques.

This book has been published to inform the reader of the ongoing rehabilitation programs and situations in affiliate member countries of RI Asia & Pacific Region, and also some other countries in the Region.

This book also commemorates the occasion of the 16th World Congress of Rehabilitation International.

Particularly we are pleased that this publication will be used to increase the general public's understanding about rehabilitation concerns for disbled people in this region, thereby helping to expand rehabilitation services.

I should like to express my deepest gratitude to the National Secretaries of affiliated member countries of the Regional Committee, who have kindly contributed these articles from their respective countries. Also, grateful thanks go to the RI Headquaters New york, for their helpful information.

Last but not least, on behalf of the Regional Committee, I should like to record my heartfelt thanks to Mr. Hirokuni Dazai, President of the Japanese Society for Rehabilitation of the Disabled, and also all their staff members, who have faithfully supported my duties as Chairperson of the RI Asia & Pacific Regional Committee, both in the publication of this book and also in numerous other helpful ways.

June 1988

Naoichi Tsuyama

Chairperson

The Regional Committee for Asia and the Pacific Region

Rehabilitation International

Acknowlegement

This publication has been produced with the intention of informing readers throughout the world of the rehabilitation in the Asia and Pacific Region. It has been made possible through the cooperation of the RI National Secretaries of the affiliated member countries belonging to the RI Regional Committees.

The timing of this book is particularly significant for two reasons: It occurs during the first year of the second half of the U. N. Decade for Disabled Persons; also, this is the year in which the 16th World Congress of R. I. of global significance for information exchange concerning rehabilitation expertise has been held in Asia. Via this publication, we are delighted to be able to contribute to the furtherance of rehabilitation programs in both the Asia & Pacific Region and others.

I wish to express my deepest thanks to Prof. Ryosuke Matsui, Assistant Professor of the National Institute of Vocational Training; Mr Kanji Hoshino, Consultant of the Japan Research Institute of Child Welfare; Miss Yumiko Goto, The Japanese Society for Rehabilitation of the Disabled, and Mr. Tony Dalby, UK Social Worker and English-Language Consultant. Without the cooperation and teamwork of the above, this book would not have been possible.

Finally, my sincere thanks go to the Japan Autoracing Foundation, who kindly provided the financial assistance necessary for this publication.

June 1988

Hirokuni Dazai
President
Japanese Society for Rehabilitation of the Disabled

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REHABILITATION IN AUSTRALIA 1987

I. Introduction

There have been interesting developments and changes of direction in rehabilitation in Australia recently.

In the past five years, we have seen movement away from the "welfare model" of service provision for people with disabilties (i.e. special services) towards a situation where services available to the general population are increasingly available and accessible to people with disabilities.

People with disabilities are speaking out more and making it clear that they want to participate in all decisions relating to them.

Some of the recent changes will be described here:

- the trend away from institution-based care to community-based care
- new programs such as
  - attendant care
  - supported employment in open industry
- use of demonstration projects to test innovative ideas.

The process of change has been interesting, as well as the resulting changes.

II. New Directions

Several significant initiatives have guided the process of change:

(1) In 1981, a nationwide survey of handicapped people was made. Put this in the climate of awareness and consumer involvement that the International Year of the Disabled Person fostered, and it was significant in giving planners a better idea of actual needs.

(2) In 1983 an Inquiry into Health Services for the Psychiatrically Ill and Developmentally Disabled (the Richmond Report) was held, whose proposals paved the way for community-based care rather than institutional care.

(3) In 1984, a Review of Handicapped Programs (The Review) was held. A special group was set up (within the govern-

ment) with this task alone, and a nationwide consultation was held. There was a huge response. Disabled people themselves or their caretakers phoned in on an open line. Consumer organisations, large organisations, tiny groups of parents in outlying areas, etc, all had their say. The Review group toured Australia listening to people-over 5,000 people participated in the consultation. The results of this Review have been published in a book : 'New Directions' (AGPS 1985).

This process of actually stepping outside a system (i.e. taking a group of people away from day-to-day work), and encouraging all those involved in rehabilitation to do the same, forced everyone to :

- re-examine assumptions
- define problems and look for reasons behind frustrations
- clarify goals
- elaborate alternative means to achieve these newly spelt-out goals.

Results will never be perfect, but this has been a real attempt at rational policy-making rather than the more haphazard incremental method.

Having stopped to examine existing services and to listen to providers and consumers, the next step was to re-state goals and look at the means to reach these goals.

III. Present Goals

- To move away from institution-based services to community-based services in employment, education, accommodation.
- To more effectively involve users in planning and decision-making, and at the point of service delivery.
- To develop better management systems.
- To make better use of resources through improved accountability procedures.
- To meet needs of disabled people through mainstream community programs wherever possible.
- To follow the least restrictive alternative where specific services are required.
- To improve access to rehabilitation programs for women, aboriginal and non-English speaking people.

IV. Developments in Government

1. Income Maintenance

The Commonwealth Government remains responsible for income maintenance, through many direct cash benefits (Budget of $3,700 million in 1985). These include :—

- Domiciliary Nursing Care Benefit, $21/week for people requiring home nursing
- Child Disability Allowance, $112/

month, free of income test (number of recipients May 1987, 31,000*)

- Mobility Allowance, $11/week
- Invalid pension, $112.15/week (basic single rate, no children) (number of recipients May 1987, 379,000)*. Compare this with minimum award wages (Nov 1987), unskilled, of around $280-290/week, and average weekly earnings (June 1987) of $436.50.
- Sheltered Employment Allowance
- Rehabilitation Allowance.

2. Vocational Rehabilitation

The Commonwealth Government maintains a service component, in vocational rehabilitation centres, now regionalized to 97 smaller units, over half in country areas.

3. Disability Services Program and the Disability Services Act

The other very large role of the Commonwealth (Budget of $126 million in 1986-87) is in the area of subsidies to programs and services administered by State Governments and by non-government organisations (Disability Services Program).

Most services are non-government initiated and administered, but are subsidised by the government, and are, therefore, accountable to the government for quality of service.

* Total population of Australia, June 1986, 16 million

To administer the new Disability Serivces Program, new legislation was needed to ensure:

- accountability of subsidised organisations for service content and quality
- major changes in programs including restructuring of services and funding arrangements
- positive consumer outcomes to be rationale for program development, delivery and review.

Hence, the Disability Services Act of 1987 replaces the Handicapped Persons Assistance Act of 1974.

Services to be funded under the Act include:

- accommodation support
- supported employment
- competitive employment training and placement
- respite care
- independent living training
- advocacy and information
- recreation (a new recognition of need in this area)
- individual assessment and program planning.

The 'New Directions' and subsequent Disability Services Act have not been without hot debate.

For example, services for people with psychiatric disabilities were at first not included under the Act. There is a strong argument (supported by ACROD and consumer groups) that the emphasis should be on the need for service, not on the category of disability. Efforts resulted in the Act being amended accordingly.

Another bone of contention (see below under Attendant Care) has been the continuation in some areas of benefit in kind (i.e. a service) rather than in cash (to purchase a chosen service).

V. Developments in Government／Non-Government Co-Operation

1. Demonstration Projects

'New Directions' identified areas where changes were needed (as described above). The Government then faced the issue of how and where to start implementing innovations. "Demonstration Projects" were conceived:

1) to test some of the innovative ideas suggested in 'New Directions'
2) to demonstrate how change could be achieved (and to face difficulties arising).

A total of 114 Demonstration Projects were funded. Projects initiated by non-government organisations, cover the areas of.

advocacy
accommodation
employment
respite care
recreation

Some examples of the types of projects being funded as demonstration projects and observed as possible models for further projects, are given under the next three headings.

2. Advocacy

One demonstration project involved training an industrial／community resource person to assist disabled people to negotiate for improvement in work conditions, arrange training on legislation, and aid communication between workers and managers

3. Employment

It had in the past been assumed that sheltered workshops could simultaneously train people for competitive employment and provide longterm support employment.

The Review found these two goals are incompatible. The new legislation therefore will be funding separate services for:

- long-term supported employment
  — e.g. a small group of disabled workers in open industry, with special training, supervision, and adjusted work targets
  — a disabled worker working alongside non-disabled workers, with on-site support and training (such projects are not without problems, e.g. the 'fair wages for fair work' problems still to be overcome)

competitive employment
  — an example of a demonstration project in this area is a group of people with moderate and severe intellecual disability in a competitive art and craft studio.

4. Community-based Care

1) Residential

- Projects included provision of housing and support for people previously living in institutions, emphasize consumer choice of living arrangements
- Another project involved closing down a large hostel for intellectually disabled people and relocating people in rented houses (with live-in support for some)

2) Respite care

- One project offered short term care in a neighbourhood setting (a normal suburban house) for up to 4 people.

3) Attendant Care

The aim has been to move people from institution-based accommodation into community-based accommodation.

After a small pilot project in 1986 involving 23 people, the government introduced a limited scheme to provide attendent care to 360 people over three years. It is based solely on the service model, as the government's policy leans towards service provision rather than introducing cash allowances with the consequent demands for annual indexation and the problems of accountability.

ACROD and consumer groups had favoured cash allowances because people would have more choice as to who their attendant would be and what services they would 'purchase'.

People needing care can select a provider agency - the government then pays an hourly rate to the agency, covering attendant salary and administrative costs (including workers' compensation, insurance) and a training component.

An attendant's tasks could include:

- assistance getting a person out of bed
- bathing
- dressing
- food preparation.

At this stage, attendant care is for people with severe disabilities who have been living in nursing homes, and who have moved to alternative community accommodation.

There is still a long way to go before there is the aimed-for national scheme covering the 4,000-6,000 people ACROD has estimated could be eligible for attendant care in Australia.

The Government has concerns that costs could become far too high (our award wages system means early morning, evening and weekend work have to be paid at higher rates thus making attendant care very expensive).

5. Education

The move toward integration of disabled children into regular schools continues, but not without some anguish for parents and children, and many hurdles to be overcome for providers.

Most States are integrating disabled children into special units in mainstream schools; in one state (Victoria) disabled children have the right to be in a mainstream class. However, there have been concerns:

1) would teachers be spending time attending to the special needs of disabled children, possibly putting extra stress on teachers and causing disadvantage to other cildren? Schools have argued that they need more aides to assist in classes with disabled children
2) how would support services (e.g. paramedical) be provided?
3) all schools are not accessible.

A study of integration of children with disabilities into mainstream schools is underway at Macquarie University in New South Wales.

VI. Non-Government Initiatives

1. Access and Mobility

Under review at present is the Australian Standard 1428-1977 — Design Rules for Access by the Disabled. The new Australian Standard 1428 — Design for Access and Mobility — will be in two parts. Part I is due for release in mid 1988 and will be mandatory in all public use buildings. Part 2 will be advisory and is likely to be available in 1989. Most Australian State Governments provide taxi fare subsidies to people with disabilities unable to use regular public transport. The subsidy is generally 50% of the fare.

2. Women's Issues

ACROD is undertaking a project on menstruation aids and management for women with disabilities, involving a questionnaire being sent to 500 women.

A two-day conference "Sexuality and Women with Disabilities" was held by ACROD in Melbourne in June 1987, and proved a very open and positive experience.

3. Other Developments

A National Task Force on Incontinence, originally formed by the Australian Council on the Ageing, ACROD and a manufacturer, SANCELLA, made up of health professionals, representatives of community groups and representatives of Government Departments, culminated in the first National Conference on Incontinence in October 1987 in Melbourne.

The efforts of the Task Force have highlighted incontinence as a health issue which affects over 800,000 Australians at enormous cost to the Government and individuals.

By creating a better awareness of continence management within the community and by providing better assessment procedures and more efficient management, a reduction in costs of incontinence both financially and in terms of dignity to those affected, is anticipated.

Useful books on self-management of incontinence have been published (included in references).

A personal health record is being introduced (in 1988) to ensure better continuity of care from childhood to adulthood.

"Outward Bound" experiences for people with disabilities, e.g. bush trails, have been introduced. Most programs integrate people with and without disabilities in these experiences.

- Computer-based library and information systems
  - allowing easy access to information on services or products for disabled people
  - using special format materials for disabled readers.

VII. Overseas Aid

Six organisations have in the last few years established "sister agency" links with organisations in six pacific countries with financial assistance from the Australian International Development Assistance Bureau (AIDAB) under Australia's Foreign Aid Program.

AIDAB is also assisting an orthetics/prothetics laboratory in Fiji, and a community-based rehabilitation project in Fiji.

In 1988, ACROD hopes to be able to assist with funding some training and coordinating activities in the Pacific, and a workshop is being planned by AIDAB's International Training Institute for welfare administrators from the Pacific.

VIII. Prospects 1988

The Australian Bureau of Statistics will be conducting a survey of disability and ageing in 1988 (following up the 1981 Survey of Handicaps) with emphasis on domestic care needs of disabled and aged people, and caretakers will be interviewed as well as people with disabilities.

Many projects have been initiated in conjunction with the Australian Bicentennial in 1988, with the initial objective that people with disabilities and their families will be able to participate in bicentennial events, but with flow-on increased awareness and accessibility.

- a handbook on access has been circulated to many community organisations planning events
- 'Room 206 — Accommodating Travellers with Disabilities' has been published and distributed to all motels and hotels in Australia, giving suggestions on access
- a disability 'Thesaurus' is being compiled for use by a wide range of information services
- Access Australia Awards will reward outstanding access initiatives by local

governments throughout Australia. These will increase public awareness of a wide definition of access, as they encourage access in the areas of arts and recreation, buildings and transport, and decisionmaking.

by ACROD
(Australia's Council on Disability)

REHABILITATION IN BANGLADESH

I. Disability and Rehabilitation in Bangladesh

As you know, Bangladesh is one of the developing countries of the world densely populated by about 100 million people in an area 55,598 square miles. The economy of the country is mainly based on agriculture. The percentage of literacy is only 23.8 % according to 1983 census. Only 15.8 % of the people are living in urban areas and the remaining in the rural areas. The administrative set-up of the country rests on 4 Divisions, 64 Districts and 460 Sub-Districts, (Upazila) with nearly 68,000 villages.

1. Magnitude of the problem

No empirical and comprehensive study has been made on the total number of the disabled and no firm statistical data is available. However, recently the Social Services Department has launched a country-wide census of the disabled. Reports on the number of disabled have started coming from different districts but the task has not yet been completed. The number is multi-plying as quite a few children lose their sight every year due to acute malnutrition and vitamin A deficiencies. Further, the condition of the disabled population is worse than that of other developing countries, due to limited resourccs.

2. Attitudes

In a developing country it is all the more tragic that is often considered a stroke of fate which nothing can alleviate. So the handicapped child is left to vegetate or grow up in isolation without any kind of stimulus or occupation. In village areas the situation is precarious. The parents are not fully aware of the importance of care, nourishment and education of the handicapped child. They do not like to believe that disabled children need special treatment and education to develop their power for mainstreaming, better and fuller life. Directly related to this situation are 1) extreme poverty; 2) ignorance; 3) poor hygiene; 4) malnutrition; 5) negligence; and 6) local prejudices.

The Govemment of Bangladesh Social Services Department has established five residential schools in different parts of the country. Each of these institutions provides primary education to both boys and girls along with prevocational training in weaving, cane and plastic work, gardening and poultry farming. The Government has also established 47 Integrated Educational program for the visually impaired with Secondary schools in different parts of the country.

Another important step taken by the Government is to prepare a National Curriculum for primary education of the visually impaired in cooperation with the Norwegian Association of the Visually Handicapped and Partially Sighted.

The Government of Bangladesh attaches importance to welfare and rehabilitation of disabled persons and new plans and programs have been formulated and adopted and included in the third Five year plan (1985-90) for implementation. In addition, 17 voluntary agencies have been managing training and rehabilitation programs at different places of the country for blind, deaf and other physically handicapped people.

The Department has also been arranging teacher training courses in the National Academy of Social Services in collaboration with the Norwegian Association and UNICEF. Some teachers have also been sent abroad for training in special education (Diploma Course), whose services in turn can be utilized in training of local teachers. The Department has a plan of establishing a full-fledged Teachers Training College for training of teachers of the visually impaired and other disabled in Dhaka.

A High Level Committee has been constituted by the Government of the People's Republic of Bangladesh for formulating recommendations on employment and rehabilitation of the blind, deaf and other physically handicapped people. The Committee will finalize recommendations shortly for consideration of the Government.

Voluntary organizations active in Bangladesh include: the National Society for the Blind, emphasizing base Eye Hospitals and mobile eye camps: the National Federation of the Blind, supplying braille materials and training programs; Assistance for Blind Children, providing medical and education support to younger children, especially those in rural sectors; Bangladesh Freedom Fighters Welfare Trust, providing services to war-injured persons; National Federation of the Deaf, focused on education and training; and many other charitable organizations dealing with a particular problem, such as leprosy.

3. Rehabilitation Center for the Paralyzed, Bangladesh

The Center for the Rehabilitation of the Paralyzed in Dhaka, Bangladesh was opened in 1979 with the support of Oxfam and now the core staff are counsellors who were patients at the Center. The Center can house about 35 people at a time, most of whom are laborers who have fallen from trees while collecting fruit or from slipping with heavy loads on their heads. The Center offers occupational and physical therapy, counselling, nursing, and training in carpentry, radio repair, tailoring, electronics, shop keeping and office work. Associated workshops produce wheelchairs and other items required for rehabilitation as well as for general sales. In 1986 some 550 people were on the Center's follow-up list. Due to its rapid growth the Center is now looking for new, larger quarters and Oxfam is raising contributions for this project.

by Lt. Col. (Retd.) Gazi Serajul
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guoted from "International Rehabilitation Review",
Second and Third Trimesters 1987

II. Rehabilitation Services for the Intellectually Disabled in Bangladesh

1. Introduction

Bangladesh, a land of 105 million people, was born in 1971 after a bloody and bitter liberation struggle. Apart from the ravages of war, the country is perennially devastated by floods, cyclones and other natural calamities. The country is situated in the tropical zone with longitudinal bound at 20.34N and 26.38 N and latitudinal bounds at 88.01E and 92.41 E, with a total area of 143998 sq.km.(55598 sq.miles) where river area encompasses 9065 sq.km.(3500 sq. miles). The climatic conditions are of the typical features of the high temperature and of heavy rainfall with seasonal variations. Summer is a hot humid season extending from March through October. The tropical climate with abundant precipitation in most of the months of the year has made the country a land of evergreen vegetation. Such natural endowment coupled with fertile soil, explains largely the historical trait of the country's inhabitants remaining occupied in agricultural activities. Of the total populace, 80% dwell in rural areas and 60% is engaged in agriculture. Approximately half of the GDP is earned from the agricultural production. The per capita income is below US$110.00/yr. (Bangladesh Economic Survey 1985/86, Misnistry of Finance, Finance Division, Economic Advisers Wing,Government of the Peoples Republic of Bangladesh). Two fifths of the people live below the proverty line. The average GDP growth in 1980-84 was 3.3% and the long term goal of GDP growth is 5.5%. The poverty-induced malnutrition is very acute. For example, in the last two decades, the per capita consumption of fish, the main source of protein in this country, has decreased from 33 gms to 22 gms. (Socio Economic Indicators of Bangladesh, Bangladesh Bureau of Statistics). An earlier sample survey(in a rural area) by Dr. S. Zaman(1985) indicated that 97% of the children with intellectual disabilities suffered from various degrees of malnutrition and there is a strong correlation between intellectual disability with malnutri-

Class situation of a special education class

tion, early marriage and low income of the parents. According to Statistical Yearbook of Bangladesh 1986, the percentage of the disabled is 0.64% of the to tal population, the percentage for urban population being 0.50% and that for rural population 0.65%, Mental disability(classified as mad) only 0.08%.

The aforementioned figures for mental disability do not show what percentage thereof are mentally retarded, as the awareness and understanding about the mentally handicapped was lacking among the people conducting the survery. The WHO estimate suggesting 3% of total populace as mentally handicapped is based on the statistics of the developed countries where poverty, malnutrition and early marriage are not problems. The real percentage of the persons with intellectual disability is likely to be much higher in an impoverished country like ours but this phenomena is overlooked perhaps because the mildly mentally retarded are easily intergrated in the simplistic society. In fact the persons with intellectual disability are the single biggest majority among the handicapped and were totally neglected, firstly because ordinary people did not quite understand what intellectual disability was (they were just equated with the mentally ill) and even if they did, they did not believe anything could be done to rehabilitate them as useful citizens of the country.

In a developed country the challenge was to give proper rights to the mentally handicapped as everyone was more or less aware what persons with intellctual disability were. But, in our society very few pepole knew what persons with intellectual disability were. They were just classified as mad, crazy or stupid people. They were exploited, cheated and treated with indignity. The society hardly ever cared about thier fate. So the primary challenge was and still remains, to make the society appreciate that mental retardation is not mental illness, it is just another handicap like visual or hearing impairment.

III SCEMRB

The country which suffered from so many afflictions since its birth, had to concentrate all its efforts on reconstruction and rehabilitation of the economy. Hardly any attention could be given to the services of community awareness. But a few parents, devoted professionals and social workers refusing to accept it as fait accompli, launched the "Society for the Care and Education of the Mentally Retarded Children"(later renamed as "Society for the Care and Education of the Mentally Retarded, Bangladesh" in short SCEMRB). A special education class was started in the year 1977 in an ordinary school with nine children. They started their learning career in a rather rickety bamboo hut. They were given elementary lessons of language, arithemetic and basic skills.

However the difficulties were enormous. The community awareness was completely lacking. The funds were scarce, the teachers were not trained and so on. But the untiring effort of the parents and other committed people including professionals, kept SCEMRB afloat. The media including TV, radio were publishing small bits of news of the activities of SCEMRB. Gradually more parents rallied behind. A stir was felt in an otherwise indifferent community and also in the Government which was beset with so many other problems. At least they came to know that the persons with intellectual disability are a distinct group among the disabled, different from the mentally ill.

By 1980, SCEMRB gathered enough momentum to hold a national conference on the theme,"Mental Retardation in Banglandesh." The conference was attended by Ministers, high Government officials, professionals and large number of parents. The conference was a success, by and large, in creating awareness about the persons with intellectual disability in the society. An elaborate media coverage was received. Some funds started rolling in, from organisations like Rotary Clubs, Lions Clubs and advertisements received from different banks and industries. Ever since, SCEMRB has been holding the conference every year. The topics of the conferences are listed below:

1981 Early Detection of Mental Retardation.
1982 Management of the Mentally Retarded.
1983 Prospects for Care, Education and Rehabilitaion of the Mentally Retarded in Bangladesh.
1984 Rehabilitation of the Mentally Retarded in Bangladesh by 2000 A.D.
1985 Legal Rights of the Mentally Retarded
1986 Social Rights of the Mentally Retarded

SCEMRB has plans for a 1987 conference with the theme A National Plan for the Persons with Mental Retardation.

The breakthrough about the funds came in the year 1981 when some officials of the Norwegian Parent Assonciation, NFPU, came to Bangladesh with a team of TV crew to see the activities of SCEMRB. They visited different projects and observed different activities of SCEMRB and made a documentary film on intellectual disability in Bangladesh. Soon an agreement with the fraternal organisation NFPU was reached and the hand of partnership has grown stronger ever since.

The principle outcome of the agreement was the setting up of BIMR("Bangladesh Institute of the Mentally Retarded" at 4 Eskaton Garden, Dhaka 1000)under partnership programme between a developed country and a developing one, which created facilities for special education classes, vocational training, sheltered workshops, day care centres for the severely retarded, a child guidance clinic, counseling services for the parents of the mentally handicapped children and their families, a toy library and programmes for playtime and recreational activities for the mentally handicapped children.

Gradually other organisations from different countries also come to support the programme of SCEMRB. Notable among them are DANIDA and Evnesvages Vel from Denmark, Bishop Beckers Foundation of the Netherlands etc.

The projects of SCEMRB including BIMR now work in five blocks:

1. Education

a. Pre-School for the severely mentally handicaped
b. Special education class integrated in normal schools
c. Vocational Training

Each Class consists of 15-20 students

2. Sheltered Workshop

a. Textile.
b. Leather.
c. Carpentry.
d. Bakery/Canteen
e. Printing and Book Binding

Each Class consists of 15-20 workers.

3. Administration

a. Office Work, Implementation of the decisions taken by the Executive Committee of SCEMRB.
b. Transport management.
c. Publications.
d.Accounts and Audits.

4. Society

a. Organisation.
b. Project Development.
c. Volunteer programme with preference to the parents of the mentally handicapped children
d. Programme for training of teachers, vocational trainers, instructors and specialized employees as counsellors, Speech and language therapists; physical fitness, spare time activities etc.
e. Surveys
f. Parent involvement programme
g: Supervision of Branches.
h. Child Guidance Clinic at Dhaka Children Hospital

SCEMRB now has 19 Branches around the country. Besides one CBR project is now functioning at Lalmonirhat. There are 37 special education classes in the Branches. The number of vocational education classes in the Branches is 8. The number of sheltered workshops in the Branches is 4. SCEMRB has 603 students in the special education and vocational education classes. The total number of workers in sheltered workshops is 71. Besides, some Branches have guidance clinics and other services. The Rajshahi Branch is closely working with the Psychology Department of the Rajshahj University and some research work is going on mental retardation there.

5. Residential and Spare Time Activities

a. Club for spare time activities

b. Week End Home giving emphasis on daily life activities training, day and night observation and relief for families of the severely mentally handicapped.

c. An Association formed by adults with intellectual disabilities.

One of the achievements of the project is the opening of the Association 'Ashar Alo'(Ray of Hope) for and by the grown up workers with intellectual disability. 'Ashar Alo' formmed committees and subcommittees and had field trips, vocational and spare time activities. The organisation has its own constitution, aims and goal for the upliftment of services for the presons with intellectual disability in Bangladesh and works in close cooperation with SCEMRB.

IV. Bangladesh Protibondhi Foundation(BPF)

Apart from SCEMRB, another non-government organisation named Bangladesh Protibondhi Foundation (Foundation For The Developmentally Disabled) has completed three years since its inception in the service of the mentally handicapped in this country. The Foundation has been making significant contributions to the cause of the mentally retarded and at present runs the following services:

Clinic: For initial assessment of persons with intellectual disability by psychologists and physicians.

Kalyani: A special education school running in two shifts.

-In the morning shift 58 children receive special education and vocational training here.

-In the afternoon shift 22 children with physical disability receive care and training.

-Besides 5 children from 6 months to 3 years of age receive physiotherapy training here.

Most children attend swimming, dancing, music and gym classes.

In the outreach rural areas:

-Parents of 56 children receive guidance under a structured programme (through mail services) the art of training and teaching their children.

-2 rural centres near Dhaka function catering service for 35 mentally handicapped children

V. Future Programmes

1. Central National Institute

In seeking to expand its activities, SCEMRB plans to set up a central national institute for the mentally retarded children in Dhaka which may function as the nucleus of all the

Making jute carpet in a shelterd workshop

programmes for care, health, welfare, education, training and rehabilitation of the mentally handicapped as well as research programmes for the same cause in Bangladesh. It will be named "Institute for the Mentally Retarded Children"and some funds were generously provided by the Government under Annual Development Progrmme of the Five Year Plan. In 1983, SCEMRB purchased a plot of land for the institute from the fund and a part of the cost of construction of the aforementioned institute would also be borne from this fund.

2. Teachers Training

A Training and Rehabilitation centre for the Physically and Mentally Handicapped (National Complex For Special Education for persons with visual, hearing and intellectual impairment)would be set up by the Government with the assistance of: 1)Norwegian Association of the Blind and Partially Sighted, 2)Norwegian Association of the Deaf, 3)Norwegian Association for the Mentally Retarded. This would assist the teachers of the handicapped to get trained and obtain University degrees in special education. Initially, around 20 teachers would be trained annually. This institute would greatly alleviate the problem of getting trained teachers in the schools for the mentally handicapped and is expected to function from the year 1990.

3. Expansion Activity

By 1991, SCEMRB plans to expand its Branches in all the 64 Zilas(Districts) of the country and by the year 2000 A.D., it plans to set up Branches in all the 460 Upazilas (Sub Districts). Besides, SCEMRB expects to improve the quality of its services to a great extent. Two more CBR projects have been initiated in Nangolkot and Barakhada, two villages, for the services of the mentally handicapped in the remote rural areas. These projects are still in experimental stages and experience gathered from these projects would be utilised in broadbasing services to the other rural areas of the country.

4. Organizational Activity

SCEMRB has been preparing to change its constitution to greater participation of Branches and where a mentally handicapped person can become a member and speak for himself. All the Branches shall have equal status. SCEMRB also plans to hold seminars and symposia in the remote towns of Bangladesh and endeavours to raise level of awareness among people. It has also been planning to pressure the Government in counting the persons with intellectual disability in the coming census, so that one may have a reasonably fair statistics of persons with intellectual disability in our country.

5. Involvement of the Government

NFPU, the major contributor funds to SCEMRB, is withdrawing its financial support, in phases, in a couple of years. Very soon SCEMRB may be in a difficult position for funds. So it is looking for alternative sources of finance and also trying to involve the Government in its programmes. Recently the Government have agreed to provide accommodations for opening integrated special education classes in some Government schools in the principal cities like Dhaka, Chittagong, Khulna, and Rajshahi. As already stated, a major part of the cost of building the "Institute for the Mentally Retarded Children" would be borne by the Government. The three previous conferences of SCEMRB, have been attended by the First Lady of the country. She promised all active support for the cause of the mentally handicapped. SCEMRB has submitted a draft legislation(separate from the existing Lunacy Act of 1912) for legal rights of the mentally handicapped and it is under consideration of the Government.

6. Security of the Persons with Intellectual Disability

A plan is being drawn up by SCEMRB for creating a trust fund for persons with intellectual disability. Here the parents can keep endowment funds and leave their property in confidence to be looked after by the Trust on behalf of their children. It will also create a fund from donation and other means, to look after the disadvantaged and the poor mentally retarded. The Board of Trustees will consist of parents and professionals from SCEMRB as well as representatives of the Government.

7. National Plan

As already mentioned the theme of the coming conference would be "A national plan for persons with intellectual disability." Since education, rehabilitation training, provision of legal rights etc. are basically the responsibility of the Government, SCEMRB has been trying to involve the Government in its programmes and has already had reasonably fair success. One of the biggest challenges faced is to employ the trained persons with intellectual disability outside the sheltered workshops. The country suffers from a very high rate of unemployment and without some sort of protective legislation and active support of the Government, it is rather difficult to rehabilitate them. A high powered committee has recently been set up to look into this problem and submit its recommendations to the Government. The SCEMRB would also continue its endeavour to enact separate legislation for the rights and protection of the persons with intellectual disability. Besides, SCEMRB shall try to include its programmes in the coming National Plan i.e., "Fourth Five Year Plan."

As evident from the socio-economic indicators(Bangladesh Bureau of Statistics) the average nutrition level is going down which may result in far greater number of persons with intellectual disability. This is an ominous sign. It would be responsibility of SCEMRB and other organisations working in this field to make the Government, people and health workers and the economic planners to understand and take note of this in the overall planning of the contry.

Early intervention is the key to success in the case of mental retardation. Early intervention is possible when early detection is possible. And when detection is made, it should be brought to the attention of the proper people who can guide, advice and help.

Unfortunately in almost all cases the detection is delayed. We find that parents, trying to alleviate their misery, go to the physicians whenever they find difficulties with their children. It may be a simple fever or a case of delayed developmet, but we have found that most of the qualified physicians are unaware about intellectual disability and sometimes people are not correctly advised on this affliction. This is because the curriculum of the medical discipline hardly emphasises this point. This results in delayed intervention and sometimes no intervention at all. A programme would also be taken up to educate the physicians.

As the mildly retarded people get easily integrated in our simplistic society, most of the cases of mild retardation go unnoticed. Occasionally it helps in social integration. But this can lead to unhappy and dangerous consequences also. Besides, unless people are made aware and take preventive measures, the number of persons with intellectual disability may rise to an unmanageable proportion and seriously impair our socio-economic system. A programme should be taken for better standards of education and living.

The success of the efforts for the cause of the mentally retarded could not have been realised without the supporting hands of so many persons and organisations. The name of our First Lady has to be mentioned in this connection and also of the Government, the foreign and local organisations, as well as many social workers and professionals without whose help this success could hardly have been achieved.

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REHABILITATION PROGRAMS IN CHINA

I. Governmental Care to the Handicapped

For more than 30 years, the Chinese Government has been making great achievements in the organization of matters affecting the life, education, rehabilitation, employment and recreation for the handicapped.

The Constitution of the People's Republic of China stipulates that the state and society should help arrange the work, life and education of citizens with visual, hearing and speech impairments and other disabilities. Various admininstrations have developed regulations ensuring the rights to employment and education of the handicapped.

At this moment, a nationwide sample survey is being carried out to make preparations for the drawing-up of a law to protect the rights of the handicapped in China.

Adhering to the principle of "putting prevention first", a 3-level health protection network has been set up in both urban and rural areas. The public is being informed of the importance of disease-prevention. Free preventive medicine against contagious diseases is administered to children. There is also an extensive programme of innoculation. Health check-ups are periodically given to children and to pregnant women. The above measures have effectively checked the incidence of disabling diseases, such as leprosy and poliomyelitis which have been stamped out in most areas.

Government departments have developed regulations and preventive measures to protect people from disabilities resulting from environmental polution, industrial and traffic accidents, and natural disasters.

Our principle is to develop rehabilitative and medical undertakings in line with local conditions, with lunos collected from all levels, through different channels.

In accordance with this principle, various types of rehabilitation facilities are emerging under both government and private sponsorships. A network of rehabilitation is in the making, with facilities of all sizes complemeting and supporting each other. Some areas have already started community-based rehabilitation services.

As to education for the handicapped, we hold that the development of special education needs the mobilization and joint-efforts of all social sectors, with emphasis on bringing into play the student's existing visual, audio and intellectual abilities. The method employed should be guidance, focusing on the cultivation of the student's special technical skills, which should enable him to take part in social labour upon graduation.

A fund has been established to encourage special education personnel for their outstanding contributions to the cause of special education.

To solve the problem of employment for the handicapped is the most important step toward their participation in society.

The Chinese Government decrees that :

-Any enterprise, 35% or more of whose staff is handicapped, will be exempted from paying tax.

-Those with 50% or more of their staff being handicapped need not pay any tax.

-A handicapped person running an individual service enterprise or a commercial business enjoys tax exemption.

These measures encourage the employment of the handicapped in all kinds of enterprise. According to incomplete statistics, in China's large and medium-sized cities, about 70% of the handicapped persons who are capable of working are employed.

In helping the handicapped find marriage partners, we rely mainly on society, with organizations for the handicapped, their work places and neighbourhood committees playing the key role.

II. The Legislation Concerning Disabled Chinese

The Chinese government has taken many protective measures and created many favourable conditions for the disabled in order that they can participate in the social life and various activities according to their particular ability.

Article 45, Section 3 of the Constitution of the people's Republic of China stipulates : "The state and society help make arrangement for the employment, livelihood and education of blind people, the aurally/deaf-mute and other disabled citizens."

Article 104, Section 2 of the General Rule of Civil Law stipulates : "The legitimate rights and interests of disabled people are protected by law."

《The Circular About the Work of Enrolling and Assigning Disabled Young People in Colleges and Universities》 gave disabled people the same opportunities to enter themselves for the exam of the colleges and universities.

The law of compulsory Education stipulates : "The people's local governments should hold special educational school (class) for the blind, the deaf-mute and mentally-retarded children."

Now the state is making 《China Social Guarantee Law for the Handicapped》, and every province (autonomous prefecture) is going

Deaf students studying at a school for the deaf

to promulgate step by step the local administrative law of protecting the legitimate rights of the disabled.

And in every provincial captital and other cities concerned, will practice The Standard of The Inobstacle Design, and the keydistricts of the cities will practise the inobstacle remake in public construction, public installations and roads.

The aims of all above laws and rules are to bring about such a situation : As equal members of society, disabled people share rights with normal people to participate in social activities in ever way ; to fulfill social duties as much as possible and shares the material and cultural achievements as the result of economic development and joint efforts.

III. Development of Rehabilitation Services for the Handicapped

1. Medical Rehabilitation

Medical rehabilitation was for a long time restricted only to sanatorium care and limb fitting in China. Only recently has medical rehabilitation developed rapidly and the following progress been made :

-There has been a rapid increase in the number and variety of rehabilitation institutions. No statistics are avalilable concerning the increase throughout the country. As far as Beijing is concerned, more than 38 rehabilitation institution were newly established in 1984-1985. The number of beds totals 1,969. Hemiplegia, paraplegia, quadriplegia (tetraplegia), arthritis, cardiovascular diseases, cerebral palsy, tumors, urinary dseases, and mental disorders are the conditions covered in these institutions.

These increases will continue and quite a number of new institutions are being planned and constructed. More and more scientific and up-to-date approaches are introduced. The construction of the first modern rehabilitation center-China Rehabilitation Research Center which is organised by the China Fund for the Handicapped is under way intensively in Beijing as a Sino-Japanese joint venture. The Center is expected to be completed in 1988.

The above mentioned change in Beijing could, to a certain extent, represent the rapid progress throughout the rest of the country.

-The education of rehabilitation medicine has been placed on the agenda only very recently. Rehabilitation is included in the curriculum only in three medical schools. A number of lectures and courses on rehabilitation medicine were given in various places in the past three years. No schools are yet available where physiotherapy and occupational therapy can be taught.

-The exchange of information is developing. The first nationwide academic body (the China Research Society of Rehabilitation Medicine) was established in 1984, and the first nationwide conference was organized in the same year. Achievements in research on prosthetics have been reported of meetings on medical engineering. Specialists of medical rehabilitation and rehabilitation engineering from other parts of the world have visited China and given lectures and exchanged information. Many professionals have been sent abroad to pay a short visit to get some general information on, to study and to exchange information on rehabilitation, some have had long-term study.

The national periodical medicine abroad "Physical Medicine and Rehabilitation"has been published locally and also been distributed throughout the country. The first monograph "Rehabilitation Medicine" has been published. The volume on medical rehabilitation of Chinese Medical Encyclopedia is in the process of editing.

-The understanding of medical rehabilitation is growing. The narrow concepts of "the third phase of medical care", "phyiscal medicine", "sanatorium care" and "late care" have been changing gradually. The new concept that takes rehabilitation as an integrated part of medical care and that it should involve the whole process of the disease or injury has received wider acceptance.

2. Vocational Rehabilitation

Disabled persons go to work after medical rehabilitation without prevocational assessment and training. Their ability is assessed by experience. In fact, these disabled persons are assessed and trained at work. This method has the disadvantage of lacking accuracy and scientific approaches. Nevertheless, it is simple, easy and cheap. Experience has shown that assessment in this way is usually correct in determining those able to work. However, it is not so helpful when assessing

A group of physically disabled musicians who played at the National Conference of Physically Disabled Persons

"borderline" cases, who are more likely to be classified as unable to work because af on unskilled assessment. However, many would, in fact, be able to work.

No statistics are available concerning the number of disabled persons who have returned to work in rural areas. In urban areas, some disabled persons are lacking motivation to work because they are sufficiently paid to lead an average life without working. Among them are disabled servicemen and victims of injuries while working. If they are excluded from the statistics, then more than half of the remaining disabled persons with working ability go or return to work. Conditions causing their disabilities are basically blindness, deafness, muteness, poliomyelities and others.

There are three types of work-places providing jobs for disabled persons in urban areas according to their sponsorship, namely : government-supported, community-supported, and jointly supported production units. As postulated by the "Circular on Taxation and Exempt from It for the Social Welfare Production Units Sponsored by the Ministry of Civil Affairs", income tax is not paid if disabled persons constitute more than 35% of the total of workers.

In some provinces and cities, income tax is reduced proportionally according to the percentage of disabled persons among workers. The Circular also applies to similar production units not run by the Ministry of Civil Affairs. So far, more than 14,000 units of this kind are available throughout the country. In recent years, three new types of production units are emerging to provide jobs for the disabled. They are :

-Production units sponsored by government enterprises only to provide jobs for employees' children.

-Cooperative production units in villages and small towns,

-Private production units owned by disabled persons.

It is the custom to call all above-mentioned units social welfare production units or factories in China. There is no law which forces every factory to take a small percentage of disabled persons, so most of them have to work at social welfare production units.

The International Labor Office (ILO) distinguishes four types of production units (workshops) for disabled persons:

-workshop for preparation for competitive work,
-sheltered workshop for long-term work,
-workshop for homework,
-production workshop, which is competitive in the market.

The social welfare production units in China belong to the latter three.

ILO distinguishes four types of work for the disabled:

-primary manufacturing from raw material,
-subcontracting (packing and assembly)
-salvaging and reconditioning,
-serving (typing, mailing etc.)

The same applies to the work for the disabled in China.

3. Education of Disabled Persons

Quite a few disabled persons have not had the opportunity to go to school, particularly to universities, as the health standards were high for the entrance. The "Circular on Wider Admission of Disabled Youth to the Universities and Better Assignment to Work After Their Graduation" issued jointly by the Ministry of Education, Ministry of Health, Ministry of Civil Affairs, and the State Planning Committee in 1965 stipulates that disabled persons who are independent and whose disabilities do not hamper the study of their chosen specialties and their work after graduation are allowed to take the entrance examination to the universities.

The ordinary primary and secondary schools have been open to disabled youth and children who are independent since the founding of the People's Republic of China.

There are about 500 schools of special education, of which more than 400 are schools for the blind, deaf and mute. Most of these schools offer only primary education, while a few of them offer junior secondary education (professional and non-professional). All provinces and autonomous regions except Xizang and important cities have these special schools. Education for mentally retarded children has been developing. There are more than 300 special classes and schools taking mentally retarded children for education. Special education has also progressed well and universities have started special education programs.

The Ministry of Education has decided to further develop special education. As a result, a new special department of medicine has been open to disabled persons at Bingzhou Medical School, Shandong Province in 1985. It provides a 5-year education of university level and has enrolled 56 disabled persons.

Blind employees working at a welfare factory (in Beijin)

Besides, a professional school for the disabled was set up at Shijiazhuang City by the Youth Association of Hebei Province in 1985. The school provides senior secondary education and more than 100 students attend.

IV. The Employment of the Handicapped in China

Through various means, the civil affairs departments and labour personnel departments in different places of the country have been working actively and steadily to solve the problem of employment for the handicapped youth in cities and towns. When enrolling new workers, the employed workers, the employer units give priority to those handicapped people with specialized techniques. In organizing collectively-owned enterprises and institution youth-awaiting-employment, the handicapped are given positive consideration wherever production and labour suits their individual abilities. The social welfare factories run by civil affairs deparments are exploring potential possibilities for more handicapped people to be employed.

In cities throughout China, there are now over 1600 state-run social welfare factories where handicapped employees make up more than 40% of the workforce. The figure reaches over 8,000 when the social welfare production units run by residents or neighbourhood committees, or jointly run by both are concerned. More than 70% of the handicapped labourforce are employed.

In the countryside, social welfare factories are set up in a number of market-towns. Up to the present day, 148 such production units are in operation in the countryside of five provinces.

The state government provides that, of all the social welfare factories, those with over 35% handicapped in their work-force are exempt from income taxation.

V. Disabled Person's Movements

In China, services for disabled persons are taken on automatically by government administrations and enterprises and communities. Consequently, not many activities have been organized by disabled persons on their own. For a long time, the only existing nationwide organization of disabled persons has been the Association of Blind and Deaf-Mute.

With the development of society, the increasing demands and activities of disabled persons can not be met solely by the government administrations and enterprises and communities. In view of this, movements of the disabled persons have been rising in recent years. Stimulated by the Asian and Pacific sports meeting of the disabled, the China Sports Association of Disabled Persons was set up in 1981. In 1983, a sports delegation of disabled persons took part in the Olympic Games and won the first gold medal of Olympic Games in the history of China. The Chinese disabled persons sent their representatives to join the second Abilympic, Columbia 85 held in September 1985. Sports and related activities will further develop as an important part of disabled persons' movements.

It was necessary to have a national organization of disabled persons to better represent their demands, for being more successful in attaining for their lawful rights and interests, and for better services for them. In 1983, a proposal for the setting up of a national organization was put forward by the representative of disabled persons and public figures. With the support and care of the government and society, the China Fund for the Handicapped was founded in March 15, 1984 in Beijing. It is also supported and cared for by a number of foreign governments, public figures and overseas Chinese. Following its steps, a number of similar local organizations have been set up in various parts of China one after the other.

The founding of the China Fund for the Handicapped marks a new period during which the disabled persons' movements are becoming increasingly active and rapidly progressing, better planned and organized. It works by:

-Appealing to the society for caring for disabled persons and fighting for the making of various laws and stipulations by those administrations concerned.

-Sponsoring services for disabled persons.

-Raising funds and organizing and supervising their use.

-Studying and finding measures to prevent disability and publicising them.

1. Issues and Problems

All disabled persons have their livelihood ensured at various levels under the support and care of the government since the founding of the Peopls's Republic of China. Most disabled children (except severe cases) have opportunities to have primary education, while most disabled teenagers junior secondary education, professional and non-professional. Universities are becoming more and more open to disabled persons. In urban areas, the overwhelming majority of disabled persons, except disabled servicemen and victims of injuries due to work, want to go or return to work, and more than half of them have the opportunity to get a job.

Despite the progress made in the rehabilitation services, there are a number of problems yet to be solved.

-Legislation is far from perfect and specific laws are to be made.

-An organ of power and authority is yet to be established to coordinate various aspects of the service.

-A nationwide long-term program is to be worked out.

-There is a tremendous need for various professionals who are yet to be trained.

-Integration of medical rehabilitation into whole medical care must yet be strengthened, though there is already some interest and care shown by the general medical profession to the rehabilitation medicine.

-Greater importance should be attached to community-based rehabilitation.

-Lacking financial resourses.

-Integration of disabled persons into various aspects of the life of the community, such as: daily living, education, recreation, employment, marriage etc., is to be improved.

-The physical environment is yet to be improved.

2. The Information of Cultural and Sports Development of the Disabled in China

Cultural and sports activities of disabled people are widespread.

"Monthly for the blind", "Voice of the Blind and the Deaf", "Spring Breeze", etc. have been printed and "Hua Xia Publishing House", was founded. All these are to serve the needs of disabled people.

With the purpose of disseminating patriotism and humanitarianism, "Spring Breeze" which was published in January of 1985, reports the independent spirit of the disabled strivers; keeps society informed of needs of the disabled in aspects of study, life, education, employment, rehabilitation, medical treatment, marriage, social activities; appeals to governmental departments concerned to ensure that the disabled have equal rights and duties which normal people have by law; encourages socialist moral principles and castigates decayed feudalist mentality.

Additionally, 15 films and TV plays have been produced, describing the life of disabled people up to now.

News stories about disabled people reported in newspapers, radio and TV programs and other mass media help the society to better understand and support disabled people. Besides, there is an increasing number of charity performances, charity shows and charity sales for disabled people.

On October 21, 1983, China set up the "China Association of Disabled Athletes". The chairman and the vice-chairmen are the staffs concerned from the State Physical Culture and Sports Commission, the Ministry of Civil Affairs, China Fund for the Handicapped, the Central Committee of the Communist Youth League, the State Education Commission, etc. So far this has branched out into 23 provinces, 45 cities, 1 autonomous prefecture and 13 regions for one each.

The China Association of Disabled Athletes has been a member organization of 7 international organizations, these include: ISOD, IBSA, CP-ISRA, FESPIC, ISO, CISS, ISMGF. This association has taken part in 11 international events such as:

The Third Far Eastern & Southern Pacific Area Games for the Disabled held in October of 1982;

The Third International Games for the Disabled held in New York in June of 1984;

The International Special Winter Olymic Games held in U.S.A. in March of 1985;

The 15th International Games for the Deaf in July of 1985;

The Second International Sports Games in France in 1987;

The Second International Special Olympic Games in the U.S.A.

All kinds of sports games in many provinces and cities are organized for disabled people with the help of China Association of Disabled athletes and China Sports Association for the Deaf. Some disabled athletes have broken world records! The Chinese delegation to the Second International Skills Competition of Disabled People was crowned with five silver medals and three bronze medals. Our disabled athletes also came out with 10 gold, two silver and three bronze medals in the Second International Sports Games for Disabled People held in 1987. Totally in all those events, 75 gold medals, 50 silver medals and 22 bronze medals have been gained. China Association of Disabled Athletes also has paid many abroad study-visits and attended a lot of research meetings such as:

The 15th Congress of the International Sports Union for the Handicapped held in Poland in April of 1985;

The Training-research for the Mentally-retarded Meeting of the Asian-Pacific Area held in February of 1986.

The Association has sponsored 11 domestic events, and now includes swimming, table-tennis, wheelchair basket-ball, track and field events and wheel chair racing.

People with such impairments as amputation, paraplegia, blind, deaf, mental retardation or physical disability all attend.

VI. The System of Services for Handicapped Chinese

Presently national organizations for the handicapped in China are:

China Fund for the Handicapped, China Association for the Deaf and Mutes and the Blind, China Sports Association of the Disabled, all of which assist Chinese Government in the cause for the handicapped in making publicity, as a bridge, coordinator and adviser.

Now there has been the system of working for the handicapped in China with unique styles:

The development in the cause for the handicapped enjoys the guides and protections from Chinese Government making policies, principles and legislations as a special assurance to the handicapped, taking care of the aids, rehabilitation, education, employment, sports and recreational activities of the handicapped; and bearing needed financial expenditure.

Enterprises, governmental agencies and local authorities undertake the rehabilitation, education, employment, cultural activities and etc.

The non-governmental organizations, under the leadership of the government, play a part of calling on people on all walks of life to be concerned about various activities of the disabled.

Communities, families look after the handicapped as well.

This system means that there has been progress in socializing the administration of causes for the handicapped and the fact that most of the handicapped not only are given aids from state but also lawful protection and participate in the social life. Thus opportunities have come to the handicapped for them to become independent, self-spirited and as wealthy as others and entirely participate in society.

VII. Introduction to China Rehabilitation Research Centre

As a result of the appeal from our well-known personalities of various communities, and the proposal passed in the Sixth National People's Congress, The China Rehabilitation Research Centre (CRRC) was formally set up in 1983 under the profound concern of the Chinese government.

CRRC is the first modern rehabilitation research institute in China which offers multiple services, i.e., research work, medical care, and education. The centre's major research subjects are paralysis, amputation, stroke and cerebral palsy------. Through practice and research studies it endeavors to push forward the development of medical rehabilitation, various personnels' preparation and the rehabilitation research models in order to meet the special needs of Chinese society.

The construction project of CRRC is one of the major state projects during the period of China's seventh "Five Year Plan". Its construction formally started in April of 1986.

The centre will occupy 100,000 square metres of land and the construction area will be 57,000 square metres. The domestic investment will total be 56,520,000 Yuan （RMB） and the Centre has received gratuitous technical assistance from Hong Kong as well as the governments of Japan, Canada, the Federal Republic of Germany and so on. The major construction of CRRC was completed in June of 1987. All the furnishings and installations will be completed in June of 1988. The whole project will be accomplished and put into operation by the end of September, 1988.

In order to ensure the above mission be completed on schedule, CRRC is planning and establishing its organization and making rules and regulations with reformatory spirits; actively selecting personnel in various specific fields; training key members through various internal and external channels; vigorously and carefully importing and purchasing scientific, medical and teaching equipments; setting up international technology exchanges.

CRRC will make a due contribution to the cause of rehabilitation of the handicapped.

by China Disabled Persons Federation

REHABILITATION SERVICES IN HONG KONG

I. Overview

Rehabilitation Services in Hong Kong have a long history. The most significant developments however occured since World War II. Physiotherapy, occupational therapy and prosthetics were established in the 1940s. Sheltered workshops, training centres, residential homes, and recreational and social clubs were introduced for the physically disabled, the blind and the mentally handicapped during the 1950s. Special education began in 1960 as a separate service within the education system and a network of special classes and schools were developed. The first two medical rehabilitation centres were opened in 1962 and 1963.

During the past ten years, with the completion of a ten year rehabilitation programme plan in 1976 and the publication of a White Paper on 'Integrating the Disabled into the Community : A United Effort' in 1977, Government and the voluntary sector have been working closely together on an integrated and co-ordinated approach to rehabilitation.

The policy objective of Hong Kong's rehabilitation service, as stated in 1977 White Paper, is

> 'To provide such comprehensive rehabilitation services necessary to enable disabled people to develop their physical, mental and social capabilities to the fullest extent which their disabilities permit.'

A Rehabilitation Development Co-ordinating Committee (RDCC) was, subsequent to the release of the White Paper, appointed by the Governor of Hong Kong to advise on the overall development of rehabilitation services and policies. Under this Committee, there are three subcommittees which focus on 3 major issues in rehabilitation (namely, Employment, Education and Personnel, Access and Transport) and a Committee on Public Education.

As a planning document of rehabilitation services, the Rehabilitation Programme Plan presents a comprehensive picture of the current provision of rehabilitation services in Hong Kong and forward projections for the next ten years. The programme plan is reviewed annually by a joint Committee of

REHABUS
復康巴士

The Rehabus provides door to door transport service to the disabled

Government Departments and voluntary agencies.

The Government co-ordinates its services through the Rehabilitation Division which is part of the Education and Manpower Branch of the Government Secretariat. Headed by the Commissioner for Rehabilitation, it undertakes responsibility for the day to day co-ordination, administration and consultation on the planning and provision of rehabilitation services. It works closely with non-governmental agencies and government departments, in particular the Social Welfare, Medical and Health, Education, Labour, and Technical Education and Industrial Training Departments.

As is true in most other countries, the voluntary sector has been at the forefront of the development of rehabilitation services. Apart from medical rehabilitation services, it has been estimated that 70 % of direct provision of services in Hong Kong is through the more than 70 non-governmental agencies in the field of rehabilitation. The Government's financial support to these agencies has grown substantially in recent years. In the fiscal year 1987/88,about 37 % (HK$448 millions) of the Government's total commitment in rehabilitation which amounted to HK$1,198 millions went to the voluntary agencies providing rehabilitation services. The Joint Council For the Physically and Mentally Disabled (Rehabilitation Division, Hong Kong Council of Social Service) co-ordinates voluntary agencies in the field of rehabilitation and represents agencies in working whth the Government in policy formulation.

II. The Disabled Population in Hong Kong

In Hong Kong, as in many other developing countries, comprehensive statistics on the population are not available. In order to facilitate long-term planning in the provision of services, a computerized Central Registry of the Disabled was set up by Government in 1983, to systematically collect data on the disabled population in Hong Kong. Up to June 1987, there were 93,391 disabled persons registered with the Central Registry. However, according to the prevalence rates derived from overseas and local experience, the total disabled population in Hong Kong is estimated to be 435,812.

With a total population about 5.6 million in Hong Kong, the percentage of the disabled population is roughly 7.5 %.

III. Existing Rehabilitation Services

1. Prevention, Early Identification and Assessment

Although prevention is not in itself a form of rehabilitation, it has important effects on the incidence of disabilities and hence the amount of rehabilitation required. The main aims of the Government policy are

(1) to improve health education to help the public understand how to prevent disabilities;

(2) to reduce occupational diseases;

(3) to improve immunisation against tuberculosis, poliomyelitis and other communicable diseases;

(4) to examine areas of environmental protection which could assist in the prevention of disability; and

(5) to ensure, through planning and legislative control that chronic health effects, arising from exposure of the population to air, water and noise pollution are reduced to the lowest practicable level.

A comprehensive observation scheme in family health centres, introduced by the Medical and Health Department, provides routine observation for all infants from birth to the age of three. There are three screenings at the ages of 10 weeks, 9 months and 3 years. Special attention is given to infants whose risk of disability is greater than average. The main objectives is to ensure that all congenital or acquired defects are discovered and acted on as early as possible.

Observation of school aged children is done in primary schools by the Education Department. This is achieved through a Combined Screening and Group Testing Programme administered to Primary One pupils. The programme includes audiometric screening, vision screening, speech screening, and group ability and attainment tests.

After disabilities are identified or suspected, assessment services are provided at four types of institutions, namely 2 multidisciplinary child assessment centres, 3 special education services centres, various specialists clinics (ENT, ophthalmology etc.) and a few voluntary agencies with clinical psychologists. Recommendations are made by the professionals in those facilities on treatment and placements.

2. Medical Rehabilitation Services

The objectives of Government for further development in the areas of medical rehabilitation during the 1980s are to provide

(1) treatment and rehabilitation services in hospitals, day centres, out-patient clinics and infirmaries;

(2) additional intensive in-patient, day-patient and out-patient programmes in rehabilitation centres;

(3) additional specialist sessions for disabled children referred by developmental screening and school screening; and

(4) improved training for medical and para-medical staff in rehabilitation.

In 1987, there were 3,731 psychiatric beds, 50 psychiatric out-patient consultation rooms, 468 psychiatric day hospital places and community psychiatric nursing services for mentally ill patients. There were also 500 hospital beds for the severely mentally handicapped.

At present, in-patient and out-patient medical rehabilitation services for the physically handicapped are provided in 5 rehabilitation centres, 3 hospitals and 4 clinics.

For the deaf and the blind, specialist services are available through the Ear, Nose and Throat Services and Eye Clinics. Ophthalmic beds are also provided in regional and district hospitals.

3. Special Education and Training

Pre-School Care, Education and Training

At present, 455 places are provided to disabled children aged 0-2 in the Early Education and Training Centres. For those children aged 2-6 with less severe disabilities, 544 places are available in the Integrated Child Care Centres. Starting from September 1985, integrated programmes are also provided for mildly disabled children in ordinary kindergartens. For the more severely disabled children aged 2-6, Special Child Care Centres are available and the present provision is 660 places. Preparatory classes attached to Special Schools are also provided to the physically handicapped, the deaf and the blind aged 4-6.

The Government policy is to provide all disabled children with nine years of free general education. From then on, facilities will be provided - in accordance with the genaral expansion of senior secondary, technical and tertiary education - for those disabled children who are capable of benefitting.

To help disabled children become integrated into the community, they are encouraged to receive education in ordinary schools while supportive services such as peripatetic teaching services, revised resource class and centre-based remedial services are provided.

For those children who, because of their disabilities, cannot benefit from education in the ordinary system, Special Schools and Special Classes in ordinary schools are provided. At present, there are 69 special schools in Hong Kong - two for the blind, four for the deaf, ninteen for the physically disabled, thirty-five for the mentally handicapped, eight for the maladjusted and socially deprived, and one for slow learners.

A Department of Special Education has been set up in one of the Colleges of Education in 1981 to undertake training of special education teachers.

4. Vocational Rehabilitation Services

The responsibility for vocational training of the disabled rests with the Technical Education and Industrial Training Department. Selected courses on ordinary technical institutes are open to disabled people. For the more severely disabled, two special vocational training centres provide training programmes attuned to the requirements of industry and based on the I.L.O. system of Modules of Employable Skill. The first multidisciplinary vocational assessment center for the disabled came into operation in April 1982.

Assistance to disabled persons in finding employment is provided by a centralized Selective Placement Service of the Government's Labour Department. In addition to the provision of placement service to the physically disabled, deaf and blind, it has recently been expanded to cover the mentally handicapped and the ex-mentally ill.

An Employaid Fund Scheme has been established by the Hong Kong Society for Rehabilitation to promote employment opportunities for the disabled by providing financial assistance and technical guidance to employers and employees in adaptation to machineries and premises.

A Technical Aids and Resource Centre is established under the Technical Education and Industrial Training Department of the Government to provide disabled persons with and advise them on special aids and resources in order to assist them to secure and sustain employment, or to pursue a course of study or vocational training.

To encourage more open employment opportunities, profit tax deduction, in respect of the cost in modifying premises or plans and providing special equipment and training, are allowed under the Inland Revenue Department. Initial depreciation allowances ranging from 25 % -35 % are available in respect of capital outlays depending on whether the asset provided or adapted ranked as machinery and plant or as an industrial building. Government also undertakes placing of disabled people in appropriate jobs in the Civil Service whenever possible. A disabled person found suitable to carry out the duty of a

The severely mentally handicapped children in hospital wards

particular post may be recommended for appointment even though he may not be able, on account of his disability, to perform the duties of every post in the same rank.

For those who because of their disabilities cannot enter into open employment, 2,910 sheltered workshop places are available. An overall review of sheltered workshop services has recently been completed by a Government appointed Working Party. Further expansion of this service with special consideration in moving towards higher productivity is anticipated. For moderate or severe grade mentally handicapped adults who cannot benefit from sheltered employment, there are 1,030 places in day activity centres.

5. Social Rehabilitation Services

To integrate the disabled fully into the community, a variety of social rehabilitation services is provided by the Government and the voluntary sector. These include counselling, housing, residential care, transport, access, sports and recreation, sign language training and interpretation. In addition, a disability allowance (presently HK$510 per month) is provided by the Government on a non-means tested basis to those who are severely disabled, including the blind and the profoundly deaf. A disability supplement equivalent to 50 % of the disability allowance was also introduced in 1980 to assist persons with disabilities receiving public assistance.

To improve social work service for the disabled, the Social Welfare Department, voluntary organizations notably the Joint Council For the Physically & Mentally Disabled (Rehabilitation Division, Hong Kong Council of Social Service) and the Hong Kong Polytechnic provide special in-service training and staff development courses, seminars and talks for social workers working in both Government and non-government rehabilitation services.

Disabled people are encouraged as far as possible to live independently whthin the community. Those who are in accommodation unsuitable to their disabilities may be eligible for public housing under the compassionate rehousing scheme of the Housing Authority. The Housing Authority meets the costs of modifying flats, provides easier access and special toilet facilities, and allocates accommodation near the person's place of work. For disabled people who cannot look after themselves, residential care is provided in the form of long-term nursing homes, halfway houses and hostels.

In the area of transportation, a Rehabus Service operated by the Hong Kong Society for Rehabilitation and subvented by the Government provides special door to door transport service for a number of severely disabled who are incapable of or having great difficulty in using public transport, and have no other alternatives.

Various concessions are given to disabled drivers and car owners, such as waiver of fees in relation to getting a driver's license, waiver/reduction of car license fees and waiver of the first registration tax for certain cars owned and driven by disabled people.

The Rehabaid Centre of the Hong Kong Society for Rehabilitation provides a permanent exhibition of equipments/aids for disabled people, an information service on subjects related to the lives of disabled people, and an environmental advisory service which gives information and advice on environmental design for the handicapped.

Sports and recreation are essential to a balanced life and are of particular importance to the disabled. The Government provides assistance to voluntary agencies which organize suitable events. Hong Kong also takes part actively in overseas sports events such as FESPIC and the Special Olympics with very satisfactory results. Integration of the able-bodied and the disabled is promoted through participation in these activities.

Disabled people themselves play an important role in social rehabilitation, and they have formed a variety of self-help organization, some receiving subvention from the Government. These self-help groups not only provide meaningful social and leisure activities but also promote a mutual-help spirit among disabled people, thereby helping a greater number of disabled people to become conscious of their rights and responsibilities.

IV. Professional Personnels

A variety of qualified professionals are available in Hong Kong to provide rehabilitation services, including physicians, specialists (orthopaedic,ophthalmic,etc.), psychiatrists, physiothrapists, occupational therapists, speech therapists, prosthetics, audiologists, psychologists, nurses, social workers and special education teachers.

Training for most of the professionals are available in the College of Education, two Polytechnics and two Universities in Hong Kong.

V. Major Development and Events in Recent Years

1. Review of the Rehabilitation Programme Plan

Two mini reviews of the Rehabilitation Programme Plan took place in 1985 and 1986. One of the greatest tasks undertaken during this year is the Major Review of the Rehabilitation Programme Plan in 1987 which is a joint effort of the Government Departments and voluntary agencies. To this end, the 1987 Rehabilitation Programme Plan Report has been produced.

2. Access of the Disabled

In October 1984, the Building Development Department amended various building regulations of the Building Ordinance, grouped under Design Manual Access for the Disabled which stipulates that architectural provisions should be incorporated in new buildings to make them accessible for the disabled. Henceforth, as a genaral policy, all new government buildings are designed in accordance with the 1984 Design Manual. As regards government buildings which were not covered by the application of the Design Manual, a two-prong approach is taken to improve accessibility : a regular item has been included in the Public Works Programme to provide for the modification of about 40 government buildings per year as well as improvements to be incorporated in the regular refurnishment programmes of government buildings.

3. Transport Needs of the Disabled

The Working Party on the Transportation Needs of the Disabled, formed by the Government and with representatives from the voluntary sector, compiled a report and recommended various areas of improvement in meeting the transport needs of the different disability groups. Apart from recognizing the need for centrally-based transport, a Taxi-Voucher Scheme for the wheelchair-bound has been in operation on an experimental basis in 1987. A Rehab Taxi Scheme is dlso in operation on an experimental basis by the Hong Kong Society for Rehabilitation in 1987. The scheme aims to provide additional forms of transport in meeting the transport needs of the wheelchair-bound and those with severe walking difficulties. Meanwhile, the Rehabus Service is provided to those in need, and various concessions are offered to disabled drivers and car owners.

4. Pre-School Services for the Disabled Children

The Government in late 1982 set up a Working Party to undertake, with the participation of the voluntary sector, an overall review of rehabilitation services for pre-school disabled children aged from 0-6. The Working Party submitted its report in 1984, and recommended to establish Early Education and Training Centres for disabled children aged 0-2; Integrated kindergarten programme for mildly disabled children aged 2-6; training courses for child care workers and kindergarten teachers serving disabled children; coordinated referral system for disabled pre-schoolers from 0-6 and improved staffing standard for special child care centres. The recommendations were accepted by the Government in 1984. With the implementation of these recommendations, a structured and coordinated system of care, education and training catering to the needs of different age groups and different degree of disability has been put in service.

5. Rehabilitation Engineering

The voluntary sector has devoted much efforts in the promotion of Rehabilitation Engineering services which aim at using basic aids and modern technology to assist the disabled people to adjust to the environment and to achieve full independence and integration into the community. A Rehabilitation Engineering Centre, being the first of its kind in Asia, has been established in the Hong Kong Polytechnic in December 1987, with a $41 million grant donated by the Royal Hong Kong Jockey Club.

6. Festival of Arts with the Disabled

The Festival of Arts with the Disabled, held in April 1986, has attracted a great deal of interest and enthusiasm. As the joint effort between the arts and rehabilitation fields, the Festival has successfully assisted both able-bodied and disabled people to explore their creative energies in various disciplines of the arts, inspired the local artists in discovering new possibilities in using the artistic form as a medium of communication and stimulated the public to understand those who are living with a disability. Subsequently, an 'Arts with the Disabled Association (Hong Kong)' has been set up to further pursue this matter.

7. The 2nd Hong Kong Abilympics and International Abilympics

The 2nd Hong Kong Abilymics, a contest of vocational skills of disabled people, was successfully held in July, 1985. Twelve disabled winners of the 2nd Hong Kong Abilympics and 9 accompanying officials had participated in the 2nd International Abilympics in October 1985 at Bogota, Columbia. Out of the 7 contests, 3 gold medals, 1 silver and 1 bronze were won by the Hong Kong contestants.

8. 12th Annual Meeting of R.I. Regional Committee for Asia and the Pacific

It was the first time that Hong Kong hosted the Annual Meeting. The event was smoothly conducted for the period of 16-18 September 1985. Sixty-three overseas participants from 14 countries and 61 local participants attended the meeting, followed by a 2-day post-meeting study tour to China.

9. Gateway Movement

Another area of development has been the setting up of a Working Group on Gateway Movement under the Joint Council For the Physically and Mentally Disabled (Rehabilitation Division, Hong Kong Council of Social Service) of promoting social and recreational services for the mentally handicapped. The Working Group was formed to undertake the tasks of development, coordination and promotion of Gateway Movement for the mentally handicapped. 12 Gateway Clubs have been established. Furthermore, a 3 year plan has been prepared for the advancement of these very meaningful endeavours.

10. Conductive Education in Hong Kong

The Working Group on Conductive Education formed under the Joint Council For the Physically and Mentally Disabled (Rehabilitation Division, Hong Kong Council of Social Service) has been most active and vigorous in the promotion of the practice of Conductive Education in Hong Kong. Subsequent to Mrs. Ester Cotton's lectures in early 1986, a series of seminars, lectures and workshops were held. Nine delegates have been sent to Budapest in November 1987 to attend a six week Training Course so that more in-depth skills and knowledge can be acquired.

11. Urban Community Based Rehabilitation

The Hong Kong Society for Rehabilitation, in response to the World Health Organization's declared goal of extending rehabilitation services to each and evey disabled person by the year 2000, has launched a pilot Urban Community Based Rehabilitation Project in Kwun Tong. The objective of the project is to provide disabled people and their family members appropriate rehabilitation training programmes in their own homes and assist disabled people to participate and become equal and contributive members of the community.

12. Survey on Employment Situation of the Disabled

A large scale survey on the Employment Situation of the Disabled was conducted. The findings have indicated that lack of suitable vacancies, lack of appropriate skills, little knowledge on special aids, transport difficulties, as well as disability and health problems are the main difficulties encountered by the disabled in employment. The survey recommended that efforts should be made aiming at more job opportunities and enhanced employability for the disabled as well as sustaining their employment.

VI. Looking Towards the Future

Hong Kong has plans to increase Rehabilitation provisions in the next five years to meet the shortfalls:

(1) Multi-disciplinary Assessment Services

Six child assessment centres will be completed from now to 1991/92.

(2) Medical Rehabilitation Services

The hospital beds for the severely mentally handicapped will be increased from 500 in 1987 to 804 in 1989 and further to 1,204 by 1995.

Two medical rehabilitation centres will be established in 1988 and 1990 respectively with a further capacity of 239 beds to provide service to patients who have suffered from physical injury impairment.

(3) Special Education and Training

On pre-school services, 1,490 places in early education and training centres, special child care centres and intergrated child care centres and kindergartens will be provided in the next five years up to 1991/92.

The shortfall in provision of school places for the mentally handicapped is expected to be fully met by 1991/92 through the provision of 1,320 places for various grades of mental handicapped students.

(4) Vocational Rehabilitation Services

700 places in skill centres will be provided by Technical Education and Industrial Training Department.

2,015 sheltered workshop places and 940 day activity centre places for the mentally handicapped will be provided in the next five years.

(5) Social Rehabilitation Services

550 half-way house places for recovered mental patients, 750 residential places for the mentally handicapped will be provieded in the next five years.

The Hong Kong University's 3-year course in speech therapy will commence in 1988.

New services such as long-stay care homes and activity centres for the ex-mentally ill, and the establishment of a computerized Central Referral Placement Unit for day and residential services for disabled adults are in the pipeline. As our disabled population grows more mature, more efforts will be spent on exploring the service provision to the adult and elderly groups in the future years.

The disability allowance, which is on non-means test basis, will be doubled (HK$1,020 per month) for the severely disabled people who require constant attendance. This will be implemented by phases and will cover all ages of disabled persons in the next 3 years.

A Queen Elizabeth Foundation, which is intended to be at least as much as HK$90 million initially,will be set up soon by statute to further the welfare, education training of the mentally handicapped.

Prepared by
Joint Council For the Physically & Mentally Disabled
(Rehabilitation Division, Hong Kong Council of Social Service)

REHABILITATION IN INDIA

in the Context of World Programmes of Action

After a very successful International Year of Disabled Persons in 1981, the U.N. prepared and the General Assembly adopted a world programme of action concerning the disabled persons. It outlines principles for the prevention of disabling conditions, for the rehabilitation of disabled people, and for equalisation of opportunities, and proposes forms of action.

The General Assembly also proclaimed the period 1983 - 1992, the Decade of Disabled Persons as "one means of implementing the World Programme of Action". The General Assembly specified, however, that the Decade should require no additional resources from the U.N.system. It urged governments to contribute to a Trust Fund that had been created during IYDP to support implementing action. The U.N. General Assembly and Secretariat are working on the assumption that promotion of the Decade will be accomplished by governments, national committees (that were created in some countries during IYDP) and voluntary organisations. Hence, U.N. information activity in connection with the Decade is technical, not promotional. There is no approach to people.

A profile of the situation as pointed out by Dr. Norman Acton at the Rehabilitation International Conference in Bombay as we approach the mid-point of the Decade indicates that -

(1) There is little awareness of the Decade around the world.

(2) The General Assembly annually passes a Resolution beseeching governments to do something about the Decade and restating that no additional funds be used.

(3) The Disabled Persons Unit in the U. N. Secretariat has fewer people with less training and experience than it had before IYDP.

(4) The U. N. program in the field of disablement is smaller than it was before IYDP.

(5) Some other agencies in the U. N. System (ILO, WHO, UNESCO, UNICEF) are more active, continuing their normal programs and calling them Decade activities.

(6) Some international non-governmental organisations have increased activity related to disability, but most have not.

(7) Mention of the Decade in the media is rare.

(8) The International Council on Disability is trying, so far without success, to stimu-

late international public information action by the U. N. or other sources.

(9) A World Committee for the Decade of Disabled Persons has been formed and is helping focus attention on the problem. It has not, however, been able to attract sufficient resources to develop its membership and program.

If the second half of the Decade is to be more effective than the first has been, it is essential that more dynamic concepts be introduced. This must come from governments through the General Assembly. They must insist:

① That the United Nations Department of Public Information plan and carry out a campaign in support of the Decade.

② That a sufficient number of people with relevant training and experience be assigned to the Disabled Persons Unit.

③ That the above requirements be given a high priority and that resources be found for them by transferring allocations within the U. N. budget. *

I am giving my views in three parts of the paper. The first part deals with World Plan of Action, the second with general concepts, and the third part deals with the Indian Scenario.

I. World Plan of Action

Introduction

To understand disability, one must have it; the next best thing is to live and work with people who have it. I lived for an unforgettable number of years among people who were disabled or affected by leprosy. Therefore, when I think of rehabilitation I cannot but think of hundreds of disabled persons, with whom I have had the privilege of working.

Whenever, therefore, I see the colourful sky, I always wonder : how my blind children can ever appreciate this brilliant expanse of blue ? How can the gorgeous majesty of the Himalayas or the mystic charm of Ganges reach those whose eyes have no sight. I have stood with humility under the great dome of the Basilica of St. Peters, with the Church bell peeling its undeniable call to worship, and I have always wondered how my deaf children will ever hear this celestial music. The blue crescendo of waves on shining beaches, the dream sculptures of Ancient Indian caves, all these sensory perceptions create a kind of suffocation in me, a kind of helplessness of awe-inspiring joy that you cannot transmit to those whose lives are like prisons of silence or like unending travel in a tunnel of darkness.

I am familiar with the charter of human rights, and the objectives of the IYDP, but against the background of the noble sentiments expressed in these august documents, I simply cannot forget the experiences I had

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* Quoted from the Address given by Dr. Norman Acton at the Rehabilitation International, Regional Contereuee in Bombay 1986.

while working with children, disabled and deprived. Disability and deprivation of whatever kind, brings about deeper changes in the personality and attitude than war or calamity. This change goes much beyond their initial reaction to deprivation. It is a change in the essential intricate human being. It is much more than a change in the attitude, it is a change of soul.

Disability is among the major causes of dependency and deprivation. The resulting losses are very often expressed in an increasing dependency ratio, strain on limited welfare and social security measures, and adverse impact on labour market. With prolonged disability, families are often broken; welfare costs are increased, essential skills are lost to agriculture and industry. In human terms the cost is even greater in terms of loss of pride and self respect.

It should be recognized that the difficulties related to disability are experienced not only by the individual but also by other persons close to him.

II. The Concept of Disability

The concept of disability denotes any relatively severe and chronic impairment of a function resulting from disease, accident or congenial causes. Impairment may cause functional limitations. Where disability is on account of functional limitation or impairment, the person is unable to perform one or more activities which are generally accepted as essential components of daily living such as selfcare, social relationship and economic productivity. All handicaps arise from impairment but not all impairments result in handicap. Definition of 'handicap' by contrast has an exclusively human application. The term 'handicap ' means 'disadvantage' - more specifically related to one's social context. According to WHO the intricate handicaps could be categorised as : (1) Locomotor handicap, (2) Visual handicap (3) Communications handicap (4) Visceral handicap (5) Intellectual handicap (6) Aversive handicap (7) Sensorial handicap.

1. Poverty Plus Disability

The fatal combination of poverty and disability aggravates each other. In developing countries, a majority of disabilities are preventible and are primarily related to poverty. Malnutrition, low sanitary standards, insufficient resources for medical care and prevention, congested and pestilential slums, result in a high prevalence of infection and disease leading to physical or mental impairment and disability.

In any consideration of the plight of the handicapped one simple truth should never be forgotten, viz., a large proportion of the handicaps could be prevented if the millions of starving and malnourished people were given an adequate and balanced diet. In this world in which man is capable of prevention, malnutrition is responsible for untold numbers of deaths among the poor of the third world and leaves millions marked for life by severe physical and social impairment.

2. What is a Social Disability ?

Social disability is disfunctioning of social relationships. It affects disabled individuals as well as social institution like family, marriage, caste and class which envelop them. The dynamics of social behaviour always try to bring about a balance between the individual needs and social norms. Social disability upsets this balance and gets expressed through social stigmatization. Social disability, therefore, is the negative part of the "dontinuum of social response" which begins with total acceptance and ends on complete rejection.

3. Prevention of Social Disability in Rural Areas

Social disability becomes more acute in cases of rural community because of a lack of services as well as lack of awareness. There seem to be some common problems with disability in rural areas : (i) lack of preventive measures; (ii) the attitude of the disabled, his family and the community; (iii) status of under-employment of rural manpower; (iv) lack of rehabilitation facilities and supporting services; (v) need for state intervention and changing of social attitudes.

4. Attitudes of the Disabled, his Family and the Community

In most parts of rural communities, particularly in Asian countries, economic and social life is largely based on the conventional village economy. Community relations are still governed by family and kinship groups, and some of the traditions and attitudes of these groups tend to restrict social and economic advancement and resist change.

Another false attitude adopted in some rural communities is a feeling that the employment of the disabled is not a necessity and the disabled population is a liability for the state to compensate and maintain. This attitude interferes seriously with motivation to accept rehabilitation and employment opportunities. There is every indication, however, that these old rural patterns and attitudes are beginning to change.

5. Social Stigma

Goffman suggests three different types of stigma:

(1) There are the abomination of the physical deformities;

(2) Character disorders are inferred from a known record of mental illness, imprisonment, chronic diseases;

(3) Stigmas are associated with race, religion and colour.

A physical impairment is not in itself a handicap but largely becomes one because of the established, often arbitrary, norms and social values.

Discriminatory behaviour could be analysed as:

A) Individual Discrimination

B) Institutional Discrimination

Institutional discrimination may take different forms: through legislation which prohibits disabled people with specified impairments to undertake some types of employment; to marry; to use public transportation, etc.

6. Planning for Rural Rehabilitation: Some Pointers

In the light of the above analysis, it is possible here to outline certain basic tenets in planning for rural rehabilitation:

(1) Rehabilitation should be closely related to the immediate environment of the disabled individual;

(2) Rehabilitation should be functional and cosmetic.

(3) The totality of responsibilities should be attempted, in that, in addition to functionality, what should be restored to the disabled are his economic independence or capacity as well as his social assimilation in society.

7. Rehabilitation Model

The rehabilitation model that has dominated the scene, both in the industrialized West and in our International assistance activity, has three working parts; fancy buildings, elaborate equipment and highly specialized professional personnel. We have evolved standards for each of these components in the most sophisticated setting with unlimited research and development funds, and have cloaked these standards in an aura so sacred that we in the developing world are led to believe that anything is unacceptable.

The different aspects of the rehabilitation of the disabled leads me to a particular concern I should like to share with you. In rehabilitation efforts that have been made so far, the tendency has been to isolate the disabled; special institution, special classes for children and special places of work - the techniques and rehabilitation methods used have taken them away from the community and its activities. Added to this is the expression of attitudes in our day-to-day living which are based on the assumption that the disabled do not exist: public transport, public facilities, shopping centres, roads, pedestrian crossings and so on have been so designed that they succeed in preventing the disabled from using them or at least in making them difficult for the disabled to use. This kind of prejudice cannot be eradicated in a day, or by government decree alone . It has to be worn away from within, and this change can be effected only if the community is exposed to well-planned publicity and information campaigns using all the media as well as person-to-person contacts.

III. The Indian Scenario

Number of Handicapped Persons per 1000 Population (Rural and Urban Pooled)

Blind	Deaf	Dumb	Lame	Crippled	Total	Mentally affected persons
1.06	0.83	0.61	0.96	1.10	4.76	0.54

1. Magnititude and Typology

In India, the concern is restricted to four main disabilities: visual, speech and hearing, locomotor, and mental disabilities. In developed countries, children with learning disabilities, emotional disturbances or multiple handicaps are classified separately and appropriate measures are taken for their rehabilitation. However, these categories of handicapped persons have not received much attention in the country.

The census organization had collected information on physical disabilities or infirmities in the decennial census from the very beginning (1861). But it was discontinued from 1941 onwards in view of doubts expressed about its reliability. For the first time after independence, the census organization once again collected information on the physically handicapped in the 1981 census. The census covered three broad categories of disabilities: the totally blind, totally dumb, and totally crippled. However, the census provided only a framework for subsequent detailed investigations by other agencies. According to the census, the total number of disabled persons in the country in 1980 was 11.2 lakhs (excluding Assam, where no census could be taken); consisting of 4.79 lakhs totally blind; 3.64 lakhs totally crippled and 2.77 lakhs totally dumb.

Since the 15th round of NSS (July 1959 - June 1960) the National Sample Survey had enquired, from time to time, into the incidence of physical disabilities. The objective of these enquiries was limited to estimating the number of persons in the country suffering from certain specified physical disabilities. Surveys have been conducted in the 24th round (July 1969 to june 1970) and 28th round (October 1973 - june 1974). The last survey in the series gives the following information on the blind, the deaf, the dumb, the lame, the crippled and the mentally affected:

This Nationl Sample Survey conducted a comprehensive survey on disabled persons in 1981, the International Year of the Disabled Persons (IYDP). This survey covered three types of disabilities; visual disabilities, communication disabilities and locomotor disabilities. Mental disability was specifically excluded from the survey. In respect to communication disability, children in the age group of zero to four years were also excluded.

The survey arrived at an estimate of 12 million persons having at least one or the

Number of Persons Disabled (Unit = 100,000)

Type of disability	Total	Rural	Urban	Male	Female
Locomotor	54. 27	43. 42 (80. 00)	10. 85 (20. 00)	34. 93 (64. 36)	19. 34 (35. 64)
Visual	34. 74	29. 08 (83. 71)	5. 66 (16. 29)	14. 42 (1. 51)	20. 32 (58. 49)
Hearing	30. 19	24. 77 (82. 05)	5. 42 (17. 95)	16. 54 (54. 79)	13. 65 (45. 21)
Speech	17. 54	13. 66 (77. 88)	3. 88 (22. 12)	11. 25 (64. 79)	6. 29 (45. 21)
Physical (At least one of the above)	119. 39	96. 72 (81. 01)	22. 67 (18. 99)	67. 96 (56. 92)	51. 43 (43. 08)

other disability, which constituted about 1.8 percent. of the total population of 680 million (1981 census). About 10 persons of these suffered from more than one physical disability. Considering each type of disability separately, those having locomotor disabilities constituted the maximum number (5.43 million), followed by those with visual disabilities (3.43 million), hearing disabilities (3.02 million) and speech disabilities (1.75 million). The distribution of the total disability, by types of disability and its rural, urban and sex-wise break-up is given in the following table:

The prevalance of disability is naturally more in rural areas, where the bulk of the population (81 percent.) live, than in the urban areas (19 percent.). It is interesting to note that the prevalance is more among males (57 percent.) than among females (43 percent). Only for visual disabilities is the prevalance higher among females (58 percent.) than among males (42 percent.).

The survey also came up with separate prevalent rates in respect of congenital cases (disability since birth) for visual and communication disabilities. In respect of visual disability, they constitute 5 percent and 8 percent respectively in the rural and urban areas of the total number of visually handicapped, whereas in the case of hearing disability they constitute 30 percent in rural and 28 percent in urban areas. For speech disability, the corresponding proportion is 77 percent and 67 percent in the rural and urban areas. The properties of congenital cases was seen to be less for all types of disabilities for females as compared to males, except the speech disability.

2. Age Structure

For the rates given in the Survey Report for different age groups in the rural and urban areas and the age-wise distribution of the total population, it is possible to derive estimates of the disabled population by age groups and nature of disability. From this information it is found that :

Of the visually handicapped, more than 70 percent belong to the age-group 60 plus and less than one percent belong to the age-group of zero to four. The visually handicapped, even in the age-group of five to fourteen form an 3.7 percent of the total population of visually handicapped persons. There is less blindness in the younger age group than is generally believed.

On the other hand, persons with speech disorders in the age group 60 plus form only seven percent of the total population with speech disorders. However, the percentage of persons with speech disorders in the age group of five to fourteen is very high more than 42 per cent.

People with hearing disabilities, speech disabilities and locomotor disabilities in the age group 15 - 59 form 50 percent of the population of the respective disability groups.

Of the disabled population in the age group of five to fourteen for whom education is necessary, those with speech and hearing defects constitute 50 percent, those with locomotor disabilities 45 percent, and those with visual disabilities only five percent.

Similarly, of all the disabled population in the age-group 15 – 59 who are in need of work, those with locomotor and speech disabilities constitute 43 percent each, and those with visual disabilities 14 percent.

Similarly, of those in the age-group 60 plus, who are generally affected by degenerative disorders, the visually handicapped constitute 50 percent, those with speech and hearing disorder 26 percent, and those with locomotor disabilities 24 percent.

This data gives a clear indication as to which categories of the handicapped population in different age-groups, the country's efforts should be directed towards. The prevalent disability rate is seen to increase with age, and is maximum in the age-group 60 and above for all types of disabilities, except in the case of speech disability, where the maximum rate is found in the age-group of five to fourteen years.

3. Prevention of Disabilities

The conceptual framework of disease and other factors leading to impairments, impairments leading to disabilities, and disabilities leading to handicaps, has been briefly mentioned earlier. Once the consequences of impairments, disabilities and handicaps have developed, it is often impossible to restore the lost function or ability even by optimal rehabilitation measures. For minimising the impact of disability problems in the community, the best method is to prevent disablements at the earlier stage to the maximum extent possible.

At all these three levels of prevention, intervention measures are taken on the individual directly, on the individual's immediate surroundings, as well as on the community as a whole. Disability prevention is not confined to interventions in the health sector alone, but in other areas as well i. e. social, educational, and other related sectors.

4. Aids and Appliances

Supply of timely aids and appliances to the impaired could greatly prevent an impairment from developing into a disability. The Central Government has a major scheme for supply of aids and appliances such as braces, artificial limbs, hearing aids and other mobility aids, to the disabled population. Orthotic and prosthetic aids, as well as rehabilitation aids to the lower-income group of disabled population, are supplied free of cost, or on a subsidized basis throughout the country. About 30,000 handicapped persons benefit actually under the Scheme, at a per capita cost of about Rs. 500. About 85 per cent. of the aids and appliances supplied under the scheme are utilized by people with locomotor disabilities, and the bulk of remaining ones by the hearing handicapped population. The Central Government has also established an Artificial Limb Manufacturing Corporation at Kanpur (ALIMCO) to produce aids for the orthopaedically handicapped of standard quality and specifications on a mass scale. In addition, a large number of small enterpreneurs have set up limb-fitting centres in major urban areas.

There is no quality control on the aids manufactured within the country. The Indian Standards Institution is in the process of specifying standards and specifications and enforcing them. Even while the quality of the product is not satisfactory, its utility is affected further by improper fitness and poor maintenance.

5. Other Measures

Third-level prevention roughly corresponds to the various measures adopted for rehabilitation of the disabled individual. Generally, these measures relate to :

(1) training to increase independence in self care;

(2) educational and vocational measures aimed at achieving economic independence.

(3) Special measures to ensure full integration and acceptance in the community; and

(4) modification of the environment to cope with the disability.

6. Medical Rehabilitation

Medical rehabilitation programmes are limited to major urban areas in the country. Broadly speaking, the centres providing medical rehabilitation of varying degrees can be grouped into three categories: (1) Major rehabilitation Institutes; (2) rehabilitation centres and (3) small rehabilitation units.

There are about 10 major rehabilitation institutes in the country which are designed to be training inssitutes for the development of manpower in the field of rehabilitation.

The service provided in these centres continues to be based on western models. But the method, techniques, equipments, etc. have remained traditional and have not been updated. The service provided in the institutes is of a fairly long duration, and restricted to the mild and moderate categories of disabilities. However, these major rehabilitation institutes are conscious of the need to provide comprehensive services to the disabled population.

The Central Government has also set up the Artificial Limbs Manufacturing Corporation of India (ALIMCO) to manufacture orthotic, prosthetic and rehabilitation aids of standard quality and specifications on a mass scale. The Company still has teething problems relating to mass production and distribution of its products. Many rehabilitation centres, as well as handicapped individuals, feel that the products of ALIMCO should always be suited to the Indian culture and environment. However, the basic concept of a largescale manufacturing unit producing standard quality aids and appliances at costs affordable by the general population of the country is sound.

7. Education

Disabled children receive education either in special schools, or in regular schools along with normal children. But the system of such education for handicapped children in the country suffers from serious gaps and deficiencies. Only a handful of institutions in a few urban areas impart education to them and large sections of children both in rural and urban areas have no access to educational facilities.

Special schools established in the voluntary sector are, no doubt, motivated by a sense of dedication and sympathy for these underprivileged sections of the population. Quite a good proportion of them are committed to the cause of the handicapped, and are highly sensitive to the specialised needs of handicapped children. The Ministry of Welfare provides generous financial assistance to voluntary organisations to establish and run special schools for disabled children. The assistance includes grants for the construction of buildings to the extent of 90 percent of the estimated cost, subject to overall financial ceilings which are raised with increase in the cost of living.

Most of the special schools are based on the western pattern, and even copy western books and other educational materials. For example, it is quite common to find schools for the mentally retarded teaching small children how to use a fork and knife, how to put on shoes and knot a tie. One of the main reasons for this unsatisfactory quality of education in the special schools is a lack of professional manpower.

Till recently, there has been no attempt to standardise curricula in the special schools. Professionals who joined these schools in the past adopted the same methods of teaching and curriculum which they had acquired during their training in the developed countries.

A large number of handicapped children do not suffer from any learning disability and can receive education in regular schools.

Another important hurdle in the implementation of the scheme is a dearth of qualified teachers for dealing with disabled children in regular schools. It is necessary to have a steady flow of trained teachers for expanding this programme. The National Institutes set up by the Ministry of Welfare have recently started training teachers in education of the mentally retarded, those with speech and hearing defects, and the visually handicapped.

While the Ministry of Education, which is responsible for the education of all children including normal children, should continue to be responsible for providing integrated education to handicapped children, it may be more appropriate for the National Institutes under the Ministry of Welfare to conduct teachers' training programmes in special education.

Realising that disability is usually coupled with poverty in the country, the Central Government has launched a scheme for providing scholarships to handicapped students for pursuing education beyond the ninth standard. Education upto that level is free for all chidren, including the handicapped.

8. Employment of the Handicapped

Securing employment is the ultimate objective of all rehabilitation programmes for the disabled population. However, in a country where even the able-bodied face acute unemployment, the plight of disabled persons is much worse. The disabled population is lagging far behind the general population in education and training and this has created additional handicaps in securing employment. It is not the specific physical or psychological barriers alone which restrict their opportunities to secure jobs. The attitude of employers, co-workers and the general public has also considerably agravated the problem.

The important programmes designed to promote their employment are :

(1) Reservation of jobs in the public sector;

(2) Establishment of Special Employment Exchanges and Special Cells in Government Exchanges to promote placement in jobs;

(3) Establishment of Vocational Rehabilitation Centres to arrange for assessment, training and placement.

(4) A scheme of assistance to voluntary organisations for training and employment of disabled persons, including establishment of sheltered workshops.

9. Reservation of Jobs in the Public Sector

Since 1977, the Central Government has reserved three percent of the vacancies in lower level posts - those of unskilled workers, messengers and clerks - Central Government offices and Central Public Sector Companies. For the visually handicapped, those with speech and hearing defects, and those with locomotor disabilities the reservation is one percent. The reservation is restricted to vacancies that arise from time to time and is calculated on the basis of actual vacancies occurring annually in an office.

A monitoring agency has been set up in the Ministry of Welfare to continuously monitor implementartion of the reservation orders. The list of identified vacancies is reviewed from time to time and enlarged, so that more vacancies become available for the handicapped population. Problems arising in the course of implementation of the reservation policy are also discussed by the major employing Ministries of six-monthly intervals, and remedial measures are taken.

Similar measures in favour of the handicapped have been taken by several state governments and union territories. These reservations generally range from two to four per cent. with a majority of the States falling in line with the Central Government policy.

In comparison with the size of the Central public sector in the country, which has about 14.4 million employees, only a small number of handicapped individuals have been able to get jobs.

As already mentioned, reservation is implemented in identified posts and not in all vacancies. In the Central Government and Public Sector Undertakings there are about 3000 different categories of jobs at these levels, and out of them about 1,000 have been identified as suitable for the handicapped. This constitutes about one-third of the total number of jobs available to the younger population,and a limited three percent preservation against identified vacancies reduces the percentage of reservation considerably.

Further, the basic policy of the Government in identifying vacancies as suitable for the handicapped betrays a negative approach. The basic premise that every category and type of handicapped person can perform only certain jobs is open to question. Most orthopaedically handicapped persons can handle almost all jobs except those where mobility is an essential ingredient of the job.

	Number of handicapped persons registered	Number of handicapped persons given placement
1983	40,278	6,444
1984	40,992	5,730
1985	40,833	5,200

10. Special Employment Exchanges

Employment exchanges in the country are generally overcrowded. It is not the unemployed alone who seek jobs through these exchanges. Even those already holding jobs register themselves in employment exchanges for better prospects. Consequently, registration in these exchanges are high and only a fraction of them secure jobs. About six percent of the educated registrants and eight percent of the unskilled registrants are able to secure jobs.

During the past three years, these special employment exchanges have been able to secure satisfactory placements for handicapped job-seekers, as indicated in the following figures:

11. Employment Status

According to the National Sample Survey extimates of 1981, at that time there were 6.1 million handicapped adults in the age-group 15–59. The disability-wise distribution of this population in the productive age-group is as follows:

Employment Exchange data reveal that about 40,000 handicapped persons have registered themselves in the exchanges annually

(Unit = 100,000)

Disability	Rural	Urban	Total
Visual	6.93	1.72	8.65
Hearing	14.62	2.45	17.07
Speech	6.86	1.99	8.87
Locomotor	20.94	5.01	25.95

during the past four years. Those with locomotor disability constitute about 90 percent of the registrants. The blind form six percent of the total registrants, and those with speech and hearing disorders form only five percent. There has been a marked increase in the number of registrants since the International Year of Disabled Persons (IYDY), 1981. Prior to 1981 the number of registrants was less than 20,000 every year.

However, the number on the live register of employment exchanges has been growing every year. As of 31st December, 1985, there were 1.92 lakhs handicapped persons who were on the live register of the exchanges. This figure has been steadily growing from about 50,000 on 31st December 1977 to 1.92 lakhs at the end of 1985.

While these are some drawbacks of the present schemes, the major criticism is directed against their limited approach to employment. All the present measures are designed for augmenting employment opportunities in the organized sectors of the economy. Therefore, placing emphasis on the organized sector of the economy for securing employment for the handicapped would not greatly expand employment opportunities. Greater emphasis would have to be laid upon training and equipping them in jobs in the unorganised sectors.

12. Interaction between the Government and the Voluntary Sector

Interaction between the government and the voluntary sector is yet to blossom to its full potential. Well established organisations are able to mobilise their own resources and maintain their services for the disabled. They seek government funds only to augment their own resources or to expand their services and do not usually depend entirely on the government to run their own programmes.

13. Interaction with Foreign Funding Agencies

While interaction among voluntary organizations as well as interaction between the government and the voluntary sector is minimal, interaction between grant-receiving voluntary organization and foreign funding agencies is considerable. Foreign funding agencies prefer to provide resources for the establishment of a new or innovative service rather than bear the recurring cost of an existing service. Foreign funding agencies are often ignorant of national efforts and are responsible for promoting non-priority programmes. Occasionally these ventures are even detrimental to the development of national programmes. There have been instances when such funding agencies have painted exaggerated pictures of the poverty, malnutrition and ignorance of developing countries in the course of their fund-raising campaigns, thereby insulting national pride and honour.

However, role of UN Agencies like UNICEF, ILO and WHO have made a very significant contribution to Prevention, early treatment and community based rehabilitation.

14. Legislation for the Handicapped

The Constitution of India guarantees that disabled people should have the same rights as other members of society.

The **Directive Principles** of State Policy are fundamental in the governance of the country.

Article 38 of the Chapter of Directive Principles in the Constitution enjoins the State to promote the welfare of all people including the disabled. Article 39 requires the State to ensure that all citizens have the right to adequate means of livelihood.

Article 41 emphzsises that the "State shall, within the limits of the economic capacity and development, make effective provision for securing the right to work, to education and to public assistance in cases of unemployment, old age, sickness and disablement, and in other cases of undeserved want".

Article 42 affirms that the State should secure just and humane conditions of work.

Article 43 emphasizes that the State shall secure to all workers a living wage, conditions of work ensuring a decent standard of life, and full enjoyment of leisure, social and cultural opportunities.

Article 45 requires the State to provide for free and compulsory education to all children till the age of 14 years. These provisions apply equally to disabled citizens and constitute the framework for their rights and privileges.

The Declaration on the Rights of Disabled persons by the United Nations General Assembly in 1975, gave an impetus to disabled persons in all developing countries to demand legislation to establish their rights and privileges. Among others the Declaration includes:

(1) The right to services to develop their capabilities to the maximum and to hasten the process of social integration;

(2) the right to economic and social security, and to a decent level of living;

(3) the right, according to their capabilities, to secure and retain employment;

(4) the right to have their special needs taken into consideration at all stages of economic and social planning.

Despite constitutional guarantees, there are legislative provisions in various enactments which discriminate against disabled citizens. To illustrate, the Indian Lunacy Act, 1912, was primarily intended to protect society against mentally retarded persons. In enforcing this Act the mentally retarded were often confused with the mentally ill, and consequently, the mentally retarded suffer.

The Lepers Act, 1898, was another piece of legislation which discriminates against a category of the disabled; those afflicted with leprosy. Without adequate provisions for alternative care, the Act imposed undue restrictions on these people.

Both these Acts were recently (1986) removed from the Statute Book as they were outdated.

The provisions under several laws in India require soundness of mind as a pre-condition to certain rights. Under the Representation of People's Act, 1950 a citizen should be "mentally sound" in order to be a voter. The Indian Contract Act requires that any party entering into a contract should be of "sound mind"; the contract is void if one of the parties is of unsound mind. The Hindu Marriage Act prohibits marriages where one of the parties is of unsound mind at the time of marriage.

There is a persistent demand in India for formulating comprehansive legislation to provide for the compulsory registration of disabled persons, their education, vocational training, employment and other welfare measures.

Provisions for safety and the prevention of disability are incorporated in several laws relating to conditions of work in mines, factories, plantations, dockyard, railways, etc. In the event of injury or disablement, there are legal provisions for payment of suitable fessionalism in tackling the emerging issues.

To make a visible impact on large sections of the disabled population, cartain basic changes are necessary. The perceptions of the State Governments on disability prevention and rehabilitation need to be changed positively. The awareness of society about their potentialities and capacities must be heightened. Much larger allocations of funds would be required to provide comprehensive services to sections of handicapped population who are now untouched by the current programmes. Far greater efforts are required, not only on the part of the Government but also by society, to provide even a minimum of services. The country has a good base of rehabilitation services which has to be restructured and expanded for the all-round development of the handicapped population. This involves a great deal of systematic action and deep committment to the cause.

by Dr. S. Gokhale, Chairman, Rehabilitation Co-ordination, India, Dr.Ashish K.Mukherjee,Hon. Secretary, Rehabilitation Co-ordination, India and Joint Director of Health Services, Government of India.

REHABILITATION SERVICES AND PREVENTION OF DISABILITY IN INDONESIA

I. Introduction

It is fact that the social welfare problem is a never ending one. It always exists and goes along with the existance of human life all over the world. Therefore the efforts of overcoming the social welfare problems should absolutely be conducted continually and porperly, within the frame of National Development Programmes. The Government of Indonesia is firmly committed to develop the social welfare programmes. Such social welfare programmes are dedicated to those community members with less advantages in their life, in order to enable them to get more opportunities to develop their social functioning and to participate in the whole process of social welfare programmes. One of those people with less advantages in their life are the disabled people. The number of disabled persons in Indonesia is a little over 5 million which is 3.11% of the total 167 million population scattered throughout the country consistsing of more than 12,000 big and small islands. According to the United Nation Agencies estimation(WHO, UNICEF, ILO), however, there are more then 16 million disabled persons in this country. It really needs a very great rehabilitation efforts to cope with such a great number of disabled persons. According to the Department of Social Affairs, a survey in 1978, the disabled population in Indonesia can be categorised into :

a) Physically handicapped : 58% = 1,419,500
b) Visually handicapped : 9% = 1,503,0000
c) Mentally handicaped : 40% = 668,000
d) Hearing impaired : 31% = 517,700
e) Chronical desease victims, especially
ex - Leprosy : 65% = 1,085,500
Total = 5,193,700

(out of the total population of 167,000,000 in 1984).

The 1980 census showed that the number of handicapped children in the age group of 7-12 years is 254,134. Only 5% of those children have had schooling, enrolled in 303 special education institutions. The main problem caused by the great number of disabled persons in this developing country, is their unproductiviy and econmic dependence on their family and on the whole nation. Making disabled persons productive and socially functioning, therefore, is the ultimate goal of the whole rehabilitaion process. This then will directly support the national development effort. The Government of Indonesia, in cooperation with national as well as international agencies has already taken a nation-wide rehabilitation effort and still has to face some constraints due to :

(1) Geographical situation
(2) Lack of rehabilitation officers/personnel
(3) Lack of vocational rehabilitation centre
(4) Attitude of the family and community
(5) Job opportunity for the disabled

II. Legislation Background

(1) The Indonesian State Philosophy PANCASILA or The Five Principles :

a) Belief in One Supreme God.
b) Just and Civilized Humanity.
c) The Unity of Indonesia.
d) Democracy led by the Wisdom of Deliberation Among Representative.
e) Social Justice for the Whole People of Indonesia, are the basic ideology for all developmental activities, also relating to the rehabilitation of the disabled. Every disabled person in Indonesia has the same human right just like his/her other fellow men/women, as article 27 sub-article 2 of the Indonesian 1945 Basic Constitution declares : "Every citizen is entitled to a proper and humane employment and living".

(2) Law No. 9/1960, on the principles of Health, article 1 declares that every person is entitled to the best degree of health, and must be involved actively in the Goverment health efforts.

(3) Law NO. 6/1974, on the Principle Provision for social welfare, article 1 declares that every disabled person is entitled to the best degree of social welfare efforts.

The disabled must be involved actively in all stages of the development process aiming to reach and achieve the momentum for the take off in the national development. Therefore all social welfare activities for the disabled should be integral with the entire development process.

(4) The Government Regulation No.36, 1980 concerning "Social Welfare Effort for the Disabled", which is the basic and general regulation in the field of rehabilitation for the Disabled in Indonesia declares among others :

"Social Welfare Efforts for the Disabled is a continuous effort, starting from medical rehabilitation, social rehabilitation(including psycho-educational and vocational rehabilitation), social assistance, up to placement and after-care scrvices".

Some more detailed Ministerial regulations concerning every specified field or stage, will be developed by every Minister concerned, relating to medical rehabilitation, social rehabilitation, and placement.

(5) A National Coordinationg Board on Social Welfare for the Disabled was set up under the Presidential Decree No. 39, 1983. The Coordination Team is widely supported by some other government sectors and non-government organization who are directly and indi rectly related to disability matters and efforts.

(6) There is still urgent need for developing further legislation products in various fields of rehabilitation efforts, such as in education, vocation, moreover, in placement, in order to give more job opportunity to the disabled. Some special approaches, contacts and joint statement between any related and concerned sectors in disability-related matters are found to be quite useful in overcoming any problems that may arise in various fields of social welfare efforts for the disabled. A joint statement between The Minister of Social Affairs, Minister of Education, Minister of Home Affairs and Minister of Religious Affairs, signed on July 23,1984,has successfuly supported development of 200 special elementary schools in conjunction with the implementation of compulsory education. While a joint statement between The Department of Social Affairs, and Indonesia Employers Association signed in August 3, 1985, has proved quite helpful to channel the possible job opportunity for the disabled, even though no specific legislation on the placement of disabled workers has yet been developed.

III. Prevention and Rehabilitation Policy for the Disabled

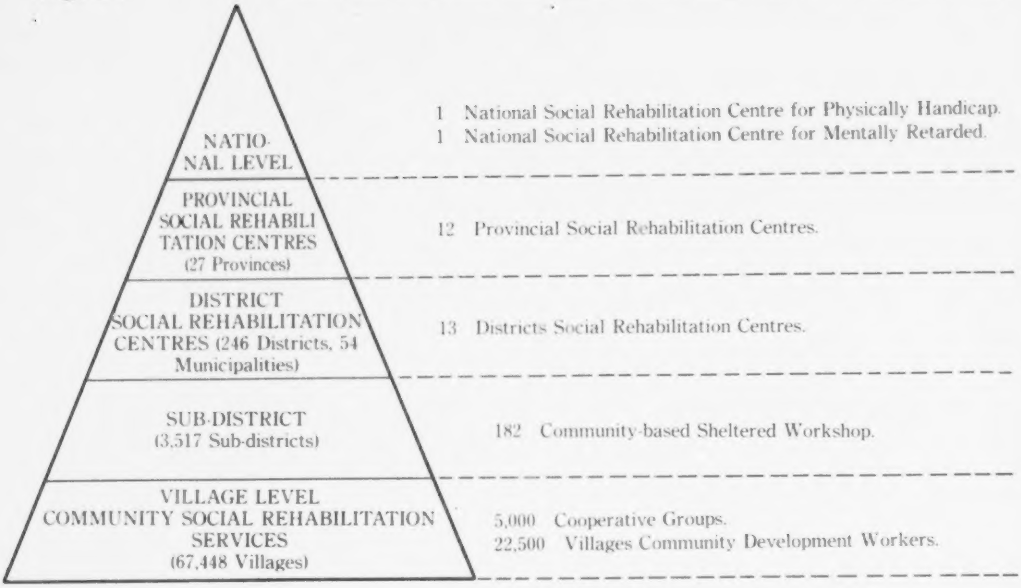
(1) The aims of Indonesian national development as stated in the preamble of the 1945 Basic Constitution is to achieve social welfare and social justice for every citizen. These aims will be achieved through national development stages, as declared in the Guidelines of State Policy.

(2) Social welfare development schemes as an integral and related part of the national development programmes, will try (Functionally) to achieve the highest social welfare conditions for every citizen, whilst at the same time arousing awareness and social responsibility to participate in the development efforts.

(3) Government and the whole community have the same responsibility in undertaking social welfare efforts, which covers every effort, programs and activities in achieving, maintaining, promoting anad developing social welfare conditions.

(4) It is deeply realized that for carrying out the social welfare efforts, programs and activities which have the capability of reaching the whole target population of socially disadvantaged group, there is an urgent need

Figure 1 NATIONAL SOCIAL REHABILITATION CENTRE (TOP REFERRAL)


NATIONAL LEVEL
PROVINCIAL SOCIAL REHABILITATION CENTRES (27 Provinces)
DISTRICT SOCIAL REHABILITATION CENTRES (246 Districts, 54 Municipalities)
SUB-DISTRICT (3,517 Sub-districts)
VILLAGE LEVEL COMMUNITY SOCIAL REHABILITATION SERVICES (67,448 Villages)
1 National Social Rehabilitation Centre for Physically Handicap.
1 National Social Rehabilitation Centre for Mentally Retarded.
12 Provincial Social Rehabilitation Centres.
13 Districts Social Rehabilitation Centres.
182 Community-based Sheltered Workshop.
5,000 Cooperative Groups.
22,500 Villages Community Development Workers.

for devloping a nation-wide organizational structures and infra-structures which cover the whole government administration strata to set up a unified system in social welfare for the disabled.

(5) The nation-wide organizational setting coping with the disabled is designed and stratifies from the grass-root village level, up to subdistrict, district, provincial and national level, through a referral inter-relationship.

Early indentification, early detection and early intervention for under-five year olds and educating them as early as possible is indeed an effective strategy for accelerating development, and preventing disability. On May 2, 1984, the Government decreed the Act of Compulsory Education for Children between 7-12 years of age which will be implemented gradually. Implementing that Act means that a lot of handicapped children will have to go to school, and a lot of facilities have to be provided. It means that we must not only set up schools but should also have systems suitable for the Indonesian situation, including establishment of supporting facilities to meet the need of handicapped children. Based on the Ministerial Basic Policy on Social Welfare Development, social welfare development activities should be carried out within an institutionalized and structured social welfare system. The rehabilitation effort of the disabled in Indonesia is being carried out within a nation-wide rehabilitation system ranging from village level up to national level, supported and in cooperation with the other governmental and private sectors.

The rehabilitation system facilities, which is still in the process of extension, development and dissemination will hopefully be able to serve the total population target group of disabled scattered throughout the country. This development of rehabilitation system, is in line with further Ministerial Policies on the Rehabilitation of the Disabled, especially within the present (4th) Five year Development Plan, which are as follows :

a) To increase, promote and disseminate community-based rehabilitation services for the disabled.

b) To increase, promote and disseminate rehabilitation facilities.

c) To develop and promote community participation.

The rehabilitation system and facilities for rehabilitation of the disabled is developed and institutionalized in a stratified pyramidal structure, with the facilities at the village level as the basis of the pyramid, and the National Rehabilitation Centre for the Disabled as the top of the pyramid. The rehabilitation facilities should cover the whole existing government adminiatrative structure, which consists of :

27	provincies,
350	districts/municipalities,
3,500	sub-districts,
65,000	villages.

IV. The Historical Background of Rehabilitation Program

Systematic and professional rehabilitation services for disabled persons were established in Solo, Central Java in 1946 by the late professor Dr. Soeharso and his colleagues. The major reason for this program was to take care of people who had become disabled during the struggle for Indonesia's independence.

In 1948 the program came under the responsibility of the Department of Health and was named the Institute for Rehabilitation of the Disabled. Three years later the main responsibility for the Institute was transferred to the Department of Social Affairs, where it still remains but is now working as an interdepartmental establishment.

- The Department of Health is responsible for medical aspects of rehabilitation services including the provision of orthotics and prosthetics;
- The Department of Social Affairs provides facilities and training for social assistance, vocational preparation and training and resettlement of rehabilitated persons
- The Department of Manpower gives special attention in the placement of rehabilitated and trained disabled persons in open employement ;
- The Department of Defense provides the services of representatives in charge of ex-servicemen undertaking rehabilitation at the Centre.

Since the establishment of the Solo Rehabilitation Centre the main efforts in rehabilitation of the disabled have been concentrated on the institutional approach delivering services through rehabilitation centres, special schools and other institutions located in urban areas. Through these institutions some 8,000 disabled people can be rehabilitated and become useful members of the society every year. However, this output fails far short of actual needs in view of the urgent need to rehabilitate a very much larger number of disabled persons, particularly those living in rural areas. Government and private sectors prepared an innovative program of rehabilitation of disabled persons based on non-institutional, community-oriented facilities and services.

1. Medical Rehabilitation

The Govenment is carrying out medical rehabilitation activities through special hospitals (orthopaedic hospitals) and general hospitals which are located throughout Indonesia, e. g. in Jakarta, Semarang, Solo, Palembang, Padang, Menado, Ujung Pandang and Medan. The medical rehabilitation activity is in line with the Decree of the Minister of Health No. 134/1978, concerning the duties of hospitals in providing services in terms of health care and the curing of the patient, as well as the physical and mental rehabilitation of the disabled person. A national development Team of Preventive Rehabilitation has been formed, based on the Decree of the Minister of Health No. 362/1977 to plan, train and develop the Preventive Rehabilitation Unit in general hospitals. Training, especially in-service training, is to be carried out in three hospitals which have sufficient facilites. These are:

- Prof. Dr. Soeharso Rehabilitation Centre, Solo, for in-service training in the field of orthotics-prosthetics and physiotherapy ;
- Dr. Kariadi Hospital, Semarang, as a work-training centre in the field of occupational therapy for the medical social service worker ;
- Fatmawati Hospital, Jakarta, as a training and education centre for orthopaedic surgeons.

The medical rehabilitation service comprises:

a) Disability prevention: During the last ten years more than 1,000 community health centres have been established. This will provide better primary health care services to the community and indirectly will help prevent disabling conditions such as blindness which is caused by chronic eye infection, etc. Another medical program in disability prevention which is being implemented is the vaccination programme for diseases which may cause disability (e. g. anti-polio vaccination).

b) Early rehabilitation : Early rehabilitation has been initiated by the Government programme of rehabilitation service at hospitals at the earliest possible stage. This service, however, is still limited to city hospitals such as the Dr. Cipto Mangunkusumo Hospital in Jakarta, the Dr. Kariadi Hospital in Semarang, and the Fatmawati Hospioal in Jakarta, where these specialities and disciplines are available. With the availability of services at the earliest possible stage, severe invalidity can be prevented and as consequence of which, the patient is enabled to return speedily to normal living.

c) Late rehabilitation ; If disability becomes permanent and severe then late rehabilitation is carried out at special institutions. The service of late rehabilitation for blindnees, deafness, mutism, mental deficiency and leprosy at these institutions, however, is still limited.

Medical rehabilitation services in hospitals vary with the hospital classification. The number by classification is as follows :

2 type A hospitals(referral and teaching hospital)

13 type B hospitals(provincial hospital)

43 type C hospitals(regency hospital)

221 type D hospitals(smaller hospital)

At type A hospitals the rehabilitation activities in general are already completely represented, though the manpower is still inadequate. At type B and C general hospitals, the rehabilitation service is not yet completely represented, due to inadequate staff and facilities. In former days, medical rehabilitation service at the general hospitals was oriented towards orthopaedic and mental cases. It has now been expanded to other fields such as rheumatology, geriatrics, gynaecology, cardiology and respiratory medicine.

2. Educational Rehabilitation

Indonesia has to face an enormous task in fulfilling compulsory education within the over-all planning of the social, cultural, educational and economic structure of the Government. Out of the 142 million population, 26 million are school age(6-18)individuals, among whom more than 2 million are assumed to be handicapped. In focusing the strategy of compulsory education on poor children and those who live in remote areas, as well as handicapped children, the development of special education services has to be enhanced.

A national-scale survey undertaken in 1978 to identify the on-going activities at the existing schools for special education in all streams revealed that only approximately 8,000 children were served by 217 special education schools in the big cities and mostly in only 4 of the 27 provincies of Indonesia. Most of the schools are privately run and serve the blind and those with low vision, the deaf and hard of hearing, the mentally retarded, the physically handicapped, the cerebral palsied and emtionally disturbed.

Since 1979 some 150 blind and low-vision children have been integrated into normal schools in West Java. This programme was conducted by the local education office, supported by Helen Keller International, in co-operation with the Department of Social Affairs and the Office for Research and Development of Education. Some 900 blind and low-vision children will be integrated into normal schools by the end of 1984.

In 1977 a regional survey was carried out in Java by the Faculty of Psychology of the University of Indonesia, to investigate how mainstreaming of the handicapped into the normal school system could be conducted.

3. Vocational Rehabilitation

Due to the increasing number of disabled persons, Indonesia still has a great shortage of vocational rehabilitation facilities, not only in quantity but also in quality. Various facilities for the vocational rehabilittion of the disabled have been established by governmental, as well as by non-governmental, organisations. First of all, there is the well-known Prof. Dr. Soeharso Rehabilitation entre in Solo, Central Java. Other small rehabilitation centres are established in Palembang, South Sumatra and Ujung Pandang, South Sulawesi, by the Department of Social Affairs. The Department of Defence and Security also runs a rehabilitation centre in Jakarta.

With regard to placement in the labour market, there are five groups of disabled persons to be considered:

a) those who only need assistance to be placed in suitable jobs:

b) those who need vocational training prior to placement in non-sheltered employment:

c) those who need vocational training for selfemployment;

d) those who need vocational training prior to placoment in sheltered employment or a workshop;

e) those who are so severely disabled as to be unemployable and in need of continuous care and treatment.

One of the alternatives to self-employment is the so-called Embryonic Action Programme launched by the Department of Social Affairs. This programme is aimed primarily at providing the disabled, either individually and/or preferably collectively, with the opportunity to engage themselves in ventures of self-employment, without closing the possibilities for them to enter the open labour market in competition with non-disabled workers, and secondly, at motivating them to convey their skills to other disabled people. It has to be kept in mind initially that the self-employed also given an insight into small-scale management, entrepreneurship and other practical knowledge.

Another form of self-employment is the Loka Bina Karya(LBK). The term "sheltered workshop" in Indonesia has a different connotation than in other countries where it usually indicates a subsidised facility employing the severely disabled. In Indonesia workshops for the disabled are run by voluntary organisations which aim to remain independent of charity and must therefore be run profitably and on commercial lines. In order to achieve this, however, the workshops cannot afford to be completely dependent on the production of the disabled employees. They have to, therefore employ some able-bodied persons to work together with the disabled. The social function of the sheltered workshop is that it provides opportunity for the trained disabled to earn their living. The sheltered workshop is fundamentally a non-profit-making institution, as all profit must be used to give greater opportunities to growing numbers of disabled workers.

Hearing impaired children, pre-school, attending music lessons for auditory training

4. Social Rehabilitation

The policy of the Department of Social Affairs in treating disabled persons is based on the following two approaches:

(1) The social developmental approach

This approach is aimed at developing positive social attitudes and growing awareness of the problems of disability as a precondition for providing effective services for the disabled. Such a precondition will facilitate the treatment of disabilities on a larger and wider scale. Through this approach it will be possible to mobilise community participation in a more comprehensive way. Involvement of the community in the process of rehabilitation of the disabled is designed to:

a) encourage the community, especially in rural areas, to provide a base for rehabilitation and social services, in which the Government's role and inputs are merely to stimulate community effort;

b) to create conditions favourable for rehabilitation services as well as disability-prevention measures.

(2) The social services approach

The social services approach is aimed directly at providing social and rehabilitation services for the disabled. The implementation of this approach may be accomplished in two ways:

a) Institutional care

There are currently 26 governmental rehabilitation institutions serving various categories of the disabled(e.g. the orthopaedically disabled, the blind, the mentally disabled, the deaf

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mute, former leprosy patients, etc.) and 100 privately-owned institutions, of which 31 are receiving government subsidies. Some of these institutions are also serving handicapped children.

Through the rehabilitation institutions which are equipped with various facilities for implementing rehabilitation processes and programmes, disabled persons can be rehabilitated and exchange a neglected, constrained and dependent existence for a self-supporting and productive life with human dignity and respect. Many of these institutions provide educational, vocational and social rehabilitation services including general and vocational education, vocational counselling, assessment, vocational training, placement in open or sheltered employment. These institutions for the disabled have, furthermore, other functions such as:

① a centre for providing social welfare services;

② a rehabilitation information centre;

③ a centre for research and pilot projects aimed at obtaining and establishing the concept of standard service with the ultimate goal of providing comprehensive rehabilitation services for the disabled.

b) Non-institutional care

This programme has only been started and developed in recent years. It is based on a community-oriented service approach in the sense that a given community should master the basic skills required for rehabilitation of the disabled in its midst. The rehabilitation programme for the disabled through non-institutional care is carried out mainly through voluntary social workers who are given the assignment of disseminating services to the disabled within their respective communities.

The Loka Bina Karya(LBK), which is a mechanism jointly managed by the Government and the community, is expected to function as a basis for the social welfare of the disabled in a given community.

There were some 50 LBKs in 25 provinces throughout Indonesia in 1979, when UNDP/ILO assistance began to develop this programme.

V. Approach Strategies

Indonesian Guidelines for State Policies declares a six stage National Development Plan, whereby at the sixth National Development Plan, we shall be able to achieve a "take off" period which means that all development sectors should provide their full support toward achieving the ultimate goal of the development, that is a total humane social welfare for all Indonesian society. For the time being, we want to achieve a social welfare status for every community member, including the disabled. In order to be able to get in touch and serve the total disabled population, there are approaches which consists of:

1. System Approach

This approach focuses on two systems, namely:

(1) Institutional Based Rehabilitation(IBR)

Rehabilitation program services for the disabled done in the institution/centers which is mostly located in the urban areas, IBR requires teams of highly specialised professionals, expensive technology and boarding facilities with limited coverage functioning as referral centers. This approach therefore is not well suited to rural areas where there is lack of professional manpower and sufficient finance.

(2) Community Based Rehabilitation(CBR)

Rehabilitation program services developed by and for the community, assisted by the referral services of IBR, focusing in the area of prevention, early detection and intervention and certain managerial skill and knowledge to run the program themselves.

CBR aims at giving the disabled the necessary training providing them with education, jobs, involving in normal family and commumity life and restoring their dignity. At the same time CBR promotes community responsibility and reliance on local resourecs. The referral system is set up to meet the needs that cannot be handled locally.

2. Operational Approach

(1) Target Approach

For the mass promotion campaign leading to motivate and strengthen community participation and responsibility there are entry points that can be used accordingly. Some of the above entry points are used for implementation of the program for:

- under-five group target
- school-age group target

Both groups are the new generation of the nation on whom the future development rest.

(2) Attachment Approach

There are many existing programs run independently and indifferently popular in the specific region in community.

To run the Rehabilitation program effectively and efficiently the attachment approach has shown successful results. CBR or promotive activities in the field of rehabilitation can be attached to the existion program such as;

- Under-five weighing program
- Primary school care program
- CD program
- PKK activities, etc.

(3) Level Apporach

To a certain extent we have successfully developed and implemented the idea and concept of the National Rehabilitation System, but due to many constraints, we have not yet successfully dissemenated the supporting rehabilitation facilities throughout the 65,000 villages, 3,500 sub-districts, 300 districts/municipalities and 27 provinces. The structural network of rehabilitation facilities supporting the National Rehabilitation System are classified as follows:

a) Village level
b) Sub-disstrict level
c) District level

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d) Provincial level

e) National level

These five levels are integrated in the referral system of rehabilitation services and strengthened by the Mobile Rehabilitation Unit.

3. Organizational Approach

Article 2 of the Government Regulation No. 36, 1980 declares that social welfare effort for the disabled is but a continuation until the ultimate goal of the effort is being achieved. It is started from medical rehabilitation, social rehabilitation, educational rehabilitation and vocational rehabilitation. In order to obtain this continuous process of rehabilitation there must be a good cooperation among all government and non-government organizations which have any direct or indirect interrelation with the effort supported by community participation.

(1) Coordinating Team

A National coordinating Team on Social Welfare of the Disabled had been set up in 1983, under the Presidential Decree No. 39, 1983.

Representation from Dept. of Health, Dept. of Manpower, Dept. of Internal Affair, Dept. of Industry, Dept. of Information and Dept. of Cooperative, besides representatives from NGOs such as Indonesian Council of Social Welfare, Indonesian Society for Disabled Children, Association of Disabled Persons, all together supported and became the member of Coordinating Team.

(2) Prof. Dr. Soeharso Rehabilitation Center One Roof Service

This one roof service is well developed intersectoral coopration, which consists of the Orthopaedic Hospital, The Academy of Physiotherapy, Rehabilitation Center, Manpower Officer, Liaison Officer from the Indonesian Employee Association. They are all together located at the same site and can easily deliver integrated medical, social and placement services to the disabled.

(3) Village Demonstration Model

Some village demonstration models of developing community participants with responsibility at the village level in prevention, early detecton and intervention, simple rehabilitation as well as in promoting social welfare for the disabled and their state of self reliance, had just recently been set up in central Java, following some previous villages which had alreaady been developed. These village demonstratration models are carried out integratedly by Dept. of Health, Dept. of Social Affairs, the Local Government of Central Java and the Indonesian Society for Care of Disabled Children, supported by WHO and ILO.

(4) Indonesian National Council on Social Welfare

This council which is supportaed by prominent voluntary organizatins in social welfare efforts for the disabled is found to be a very productive government counterpart. It coordinates activities of all NGOs at all levels in Indonesia, and has a quite good cooperation with some foreigen agencies.

(5) Indonesian Employers Association

Even though there is not any specific legislation on the placement of the Disabled issued, the Indonesian Employers Association is found to be quite respnsive to cope with the placement problom of 200 disabled members of the association in Solo, and has agreed already to accomodate some disabled workers within their enterprises. The step in Central Java was then followed by the Coca cola Company and well-known Cigarette factory in East Java.

These experiences assume that a structured persuasion, motivation and communication with the resources, proved to be very effective, even though, we are still in need of some formal legislation products supporting the placement scheme for the disabled.

(6) Indonesian Society for Care of Disabled Children

The Indonesian Society for the Care of Disabled Children has played a very important role in delivering services to disabled children through institutional services as well as community based rehabilitaion services. The delivering of prevention, early detection and early intervention programmes has been implemented and developed successfully in some locations, and based on those field experiences a practical guide book has been issued and published in cooperation with UNICEF.

(7) Regional and Sub-regional Cooperation

There is an increasingly urgent need for developing regional or sub-regional cooperation among countries within The Asia-Pacific region, and sub-region especially in technical cooperation. There are many international and national workshops and seminars held in Indonesia such as WPCPA meeting, WHO Intercountry Course on Rehabiliation, ESCAP conference, etc.

VI. Program Implementation

The social welfare efforts for the disabled as an integral part of the social welfare efforts for the other socially disadvantaged goups, includes :

1. Prevention

The objectives of prevention are :

a) To prevent the accident causing disability.

b) To prevent disability from developing.

c) To prevent relapse or social dlsfunction.

Early detection and early intervention for the under-fives, is the most important factor for the optimal development of the handicapped children. It is given to children in their respective villages in an under-five integrated health services(POSYANDU), covering some integrated comprehaensive services as follows:

a) Immunization,

b) Child-and-mother welfare (under five weighing with growing chart),

c) Food supplementing and nutrition,

d) Parental guidance and counseling,

e) Family planning.

Due to the Indonesian's demographic condition, the very first step to parental guidance is establishing a Public Enlightenment Program. The purpose of the program is to give information about the problems of the handicapped to the public at large and increase public awareness of it, and also to give the parents of handicapped children technical skills so that they can give early stimulation to their handicapped children themselves at home. Parent's involvement is an important asset in helping the teacher in the process of educationg and accelerating the development of handicapped children. Some of early educational activities for handicapped children with emphasis to parental guidance are :

(1) Public education in the preparation of establishing special elementary schools. The objectives are :

a) To prepare the parents of handicapped children and members of the community to understand and to assist the endeavour of educating children in their community.

b) To give guidance to the parents of handicapped children and train them to train their children at home.

c) To give them the skill to help the teacher in the use and production of learning materials.

(2) Community Based Disability Prevention and Rehabilitation Program.

This program which is for disabled children in rural areas of Centaral Java consist of early detection of handicapped children under 5(Five) years of age and providing the rehabilitational services .

(3) Program of the Role of women in Comprehensive Child Development. This program is directed towards the improvement of women's quality as a mother and consequently improving the quality of the child, including handicapped children.

The target group is mothers who have limited education. This program is carried out by the Office of the State Minister for Women's Affairs and is designed to give preschool age children early stimulation and education continuously and is done by the mother at home. The objective of this program are :

a) Improving the mother's awareness and knowledge of child development.

b) Improving the mother's skills in early mental stimulation activities by using educational toys.

c) Teaching the mothers how to conduct stimulation program suitable for motor, language, intellectual and social-emotional development of children.

2. Rehabilitation

(1) Medical Rehabilitation.

a) To provide optimum physical and mental health status.

b) To develop the physical, mental and intellectual physiological functions.

(2) Social Rehabilitation.

The objectives of social rehabilitation are :

a) To awaken feelings of self-confidence, awareness and responsibility for his/her own future life, his/her family or his/her respective social environment.

b) To develop, willingness and capability for achieving a normal social functioning condition.

(3) Resocialization.

The objectives are :

a) Preparing the disabled for a social integration process.

b) Looking for any suitable job opportunity for the disabled.

c) Preparing the community to accept the disabled as their community member.

(4) Further developmental follow-up activities(after-care).

a) Further support and facility of the disabled for better social welfare condition.

b) Arousing and improving the disabled person's awareness and social responsibility for further social participation.

c) Arousing and improving community participation in social welfare effort for the disabled.

The social rehabilitation programs for the disabled cover :

i) Data collecting concerning rehabilitation activities at the village level.

ii) Guidance and social counseling.

iii) Improvement of rehabilitation programs.

iv) Stimulating economic productivity.

v) Resocialization.

vi) Placement and after-care.

vii) Development of supporting facilities and services(institutional facilities as well as non-institutional/community-based facilities).

VII. Future Plans

Plans in the field of social rehabilitation are as follows:

1. Activities with more emphasis on community based approach.

2. Plans for institutional-based services :

(1) To establish and plan rehabilitative institutions for disabled children and for clients with severe disabilities;

(2) To increase the number of rehabilitative institutions in a number of provinces;

(3) To complete the equipment/facilities of the existing institutions.

3. Plans for Non-Institutional Rehabilitation:

(1) To develop further the implementaton of non-institutional rehabilitative activities through practical working methods derived from previous experiences.

(2) To provide more adequate facilities and equipment for those who implement the non-institutional care program.

4. Establishment and development of the rehabilitation termination program through "Loka Bina Karya" . As a result of research activities that have been undertaken, additional "Loka Bina karya" are planned for areas that need this kind of rehabilitaion centers.

In the field of educational rehabilitation the plans are :

(1) An administrative decision is to be made in promoting integration of compulsory edu-

cation to the whole educational system.

(2) Development of education for the handicapped is to be based on utilizing the information collected in surveys, taking into consideration the main objective of education in general, namely, to educate within the shortest time the greatest number of the school-age population.

(3) Awareness campaigns are to be held in achieving the purpose of the identification process that is to seek, locate and identify those handicapped children between the ages of 5 and 16, and refer them to appropriate educational institution.

(4) The main design of the education mentioned above is to be built upon community based approaches by establishing services centers which can function in the field of education for the handicapped. The community must determine its own needs and recognize problems it faces with handicapped individuals.

(5) Besides the community oriented projects for service centers, a number of solutions will be brought to enable regular school to provide full time or part time supportive services apart from intensive special education programs.

5. Plans in the field of vocational rehabilitation are as follows:

(1) The task of the current centers for training non-disabled people in industrial skills is to be enhanced so that they can also train people who are going to be assigned as instructors for handicapped individuals.

(2) Vocational rehabilitation facilities provided in institutions as well as outside the institutions with the local community's participation and support, are to be enhanced so that they can release more and more handicapped individuals from ignorance, inferiority feelings and poverty so as to become self-sufficient, socio-economically productive human beings.

6. The Department of Health is aiming at developing medical rehabilitation activities as the following :

(1) To develop Preventive Rehabilitation Units in General Hospital and Leprosy Hospitals:

(2) To develop medical rehabilitation services integrated into the community Health Centers.

(3) To establish formal education for:

- Occupational therapists
- Orthotic-prosthetic biomechanic engineers
- Speech therapists
- Rehabilitation medicine specialists
- Faculty of Medical Rehabilitation attached to universities.

VIII. Conclusions and Suggestions

1. In a country like Indonesia where the number of disabled persons is counted in millions, the policy of the Government has to place more emphasis on the community based approach in order to acquire a larger and stronger basis vis-a-vis the problem that has

to be faced, supplementing the institutional care which can only accommodate a limited number of handicapped people. The latter, however, is still to be maintained and enhanced for complementing and strengthening the community based non-institutional appraoch, such as to provide professional advice and treatment, to train rehabilitation workers, and to find out the answer to severe cases, etc.

2. In order to implement the "community based approach" program to assist in the rehabilitation and social integration process of the disabled persons, a series of surveys needs to be conducted to analyze and find a way out of the problems which will come up during the implementation of the "community based approach".

3. Coordination of rehabilitation efforts should be actively and vigrously carried out at national, provincial and local levels. Governmental institutions should be pivotal in applying the policy of the government.

4. An intensive Public Relations Program should be established to prevent discrimination between non-disabled workers and the disabled in seeking job in the non-sheltered employment market. The most promising way for the disabled in Indonesia is still selfemployment, at least until the next Five-Year Development Plan.

by the Indonesion Society
for the care of Disabled
Children.

REHABILITATION SERVICES IN JAPAN

I. Land and Population

Japan is an island country stretching along the northeastern coast of the Asian Continent. It consists of four main islands — Hokkaido, Honshu, Shikoku and Kyushu from north to south — and more than 3,900 smaller islands. With a total land area of 377,801 square kilometers, Japan accounts for less than 0.3 % of the total land area of the world. Of its entire land area, 73 % is mountainous and the remaining 27 % is relatively flat. Thus the arable and habitable land is extremely limited.

The population of Japan as of 1 October 1986, was 122 million, ranking seventh in the world, and about 2.5 % of the world population. The population density in 1986 was 326 persons per square kilometer: Japan is the fourth most densely populated country among the countries with more than 5 million people. Since Japan has limited areas of flat land, its population density in terms of habitable land area is far higher.

The life expectancy at birth of the Japanese has shown a remarkable improvement, and has been the highest on the world. It was 74.84 years for males and 80.46 years

Figure 1 Proportion of Aged Population (65 years old and over)

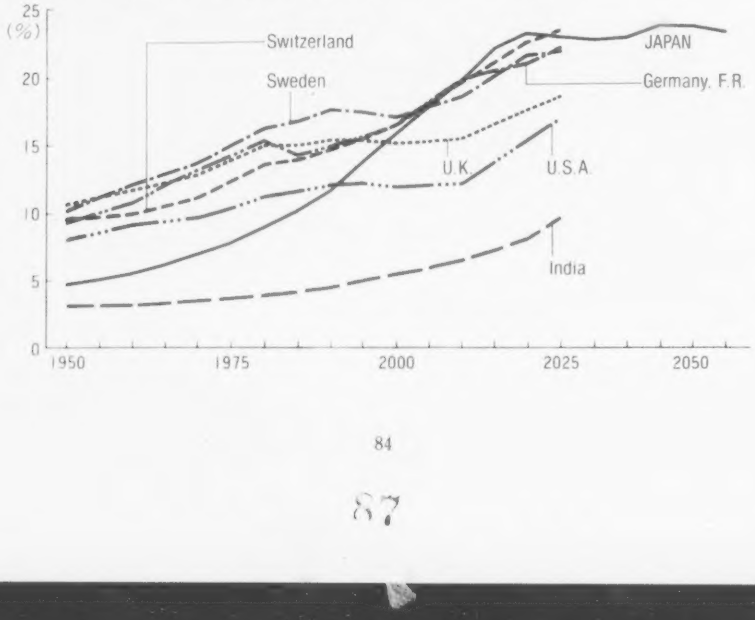
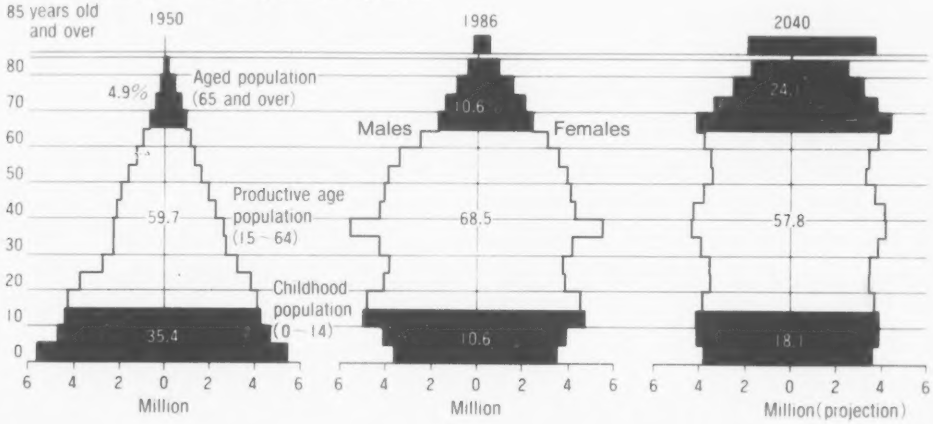


Table 1. International Populations-Comparison of Age Structures.

Country	1985				2025			
	Age structure (%)			Aging index $\frac{(B)}{(A)} \times 100$	Age structure (%)			Aging index $\frac{(B)}{(A)} \times 100$
	0-14 years (A)	15-64	65 years and over (B)		0-14 years (A)	15-64	65 years and over (B)	
Switzerland	17.6	68.3	14.0	79.6	15.1	61.0	23.8	157.8
JAPAN	21.5	68.2	10.3	47.9	16.4	60.2	23.4	142.5
Sweden	18.2	64.8	16.9	93.0	15.8	62.0	22.2	140.3
Germany, F.R.	15.4	70.2	14.5	94.2	16.0	61.5	22.5	140.1
Italy	19.4	67.6	13.0	66.9	16.9	63.4	19.6	115.9
France	21.3	66.3	12.4	57.9	17.8	62.9	19.3	108.3
U.K.	19.5	65.4	15.1	77.4	18.5	62.9	18.7	101.1
Canada	21.5	68.1	10.4	48.5	19.2	62.1	18.8	97.9
U.S.A.	21.9	66.4	11.7	53.4	20.2	62.5	17.2	85.1
Australia	23.6	66.3	10.1	42.9	18.9	65.2	15.9	84.1
U.S.S.R.	24.8	65.8	9.3	37.5	22.1	63.1	14.8	67.2
India	36.8	58.9	4.3	11.7	21.3	69.1	9.7	45.5
Brazil	36.4	59.3	4.3	11.8	24.6	66.1	9.3	37.7

Source : Statistics Bureau, Management and Coordination Agency; Ministry of Health and Welfare; United Nations.

Figure 2 Changes in the Population Pyramid



for females in 1985.

The future population of Japan is projected to increase moderately, reaching its peak of 136 million by the year 2013. Thereafter, the natural increase rate will decline owning to the aged population accounting for a high percentage of the population.

The age structure of the Japanese changed markedly from the typical pyramid form with a broad base in the 1930's as a result of the decrease of the birth and the death rates. Presently the proportion of the productive age population (15-64 years of age) is around 68 %, at the highest level among major industrial countries. However, the aged population (65 years old and over) is projected to attain the large share of 23.4 % in 2025, following Switzerland (23.8 % in 2025). Besides, the age dependency ratio (ratio of childhood and the aged to the productive age population) is predicted to rise from 45.9 % in 1986 to 72.8 % in 2042 when the aged population will reach its peak of a 24.2 % share. These estimates demonstrate the remarkable speed and extent of the aging of the population structure in Japan.

II. The Number of Disabled Persons in Japan

From the year 1951, nationwide surveys of physically disabled people aged 18 years and over have been conducted every 5 years in Japan. But there has been strong resistance against such surveys both on the part of the disabled persons themselves and their families, who assert that these surveys constitute a violation of human rights and privacy. Particularly, no surveys of mentally disabled (mentally ill and mentally retarded) people, have been conducted since 1963. Surveys of mentally retarded people were also discontinued after 1971. Surveys of physically disabled persons conducted at 5-year intervals had to be omitted for 1975, but were reinstated once more from 1980, with the most recent survey being conducted in 1987 which included those under 18 years of age.

Due to the above circumstances, the following steps are being taken when compiling reports based on surveys by the administrative branch of the government on the number of disabled persons.

1) The numbers of physically disabled people have been based on the 1987 Survey on Physically Disabled Adults and Children.
2) The numbers of mentally handicapped persons are based on estimates from the 1963 Survey on Mentally Disabled Persons and on the rates of increases in the total population.

Thus, the numbers of disabled persons in Japan are estimated as follows.

○ Physically disabled persons of 18 years of age and over (living at home)	2,413,000
○ Physically disabled persons of 18 years of age and over (in institutions)	93,000
○ Physically disabled children of under 18 years of age (living at home)	92,500
○ Physically disabled children of under 18 years of age (in institutions)	13,000
○ Mentally disabled persons	1,562,000
(Of which mentally retarded persons, see note)	(504,000)
TOTAL	4,173,500

(Note) The number of mentally retarded people in the above is estimated from the 400,000 reported in the 1963 survey results. But in the 1971 Survey on Mentally Retarded Adults (and Children), this number was estimated at 356,300.

Regarding chronic and intractable diseases, the Law for the Welfare of Physically Disabled Persons of Japan does not acknowledge people as being disabled solely due to the fact that they have a chronic disease. In Japan, as in other nations, there are institutions designed for undertaking measures to handle special diseases, and there are certain cases that could possibly be ruled as being eligible to receive disability pensions. But people suffering from disabilities of such severe degrees would most likely be included in the aforementioned numbers of disabled persons. The number of disabled persons in Japan is estimated at about 4.2 million persons, or about 3.5% of the total population.

The survey on conditions of the physically disabled persons of 1987, would indicate that : a) the total number of physically disabled persons in Japan continues to show signs of increasing, but the rate of increase has slowed down since the previous survey ; b) as in the previous survey, physically disabled people are becoming older and are suffering more severe degrees of impairment ; c) regarding the types, visual impairment has tended to decrease ; d) the range of impairment of internal organs according to the Law for the Welfare of Physically Disabled Persons has been expanded, but the number of cases continues to rise ; and e) impairment of internal organs among physically disabled children of under 18 years of age continue to increase, but the overall total of this age group is tending to decrease.

The progress achieved in the field of medicine and the availability of health care measures have contributed to the increase of higher age groups among the total population. Medical progress has brought a lengthening of life span, though at times leaving cases of severe impairment and disability, and has also clearly contributed to the prevention of impairments of all types as well as to the decrease in visual impairment in the overall numbers of physically disabled children.

Regarding numbers of mentally disabled persons, data on which to base estimates are outdated and it is believed that estimates accurately reflecting existing circumstances have not been made available. The establishment of a unified basis for defining "mentally retarded persons" is a requirement of urgency together with ways and means of obtaining accurate estimates of existing situations with due consideration for the rights and privacy of the individuals concerned.

The problem of chronic and intractable diseases has always been a controversial one in discussion of the range of physically disabled people as defined in the Law for the Welfare of Physically Disabled Persons, pointing to the need for further clarification of the concepts of diseases and disabilities. The major problem remaining to be solved in the future would be clarification of the concepts of impairments and disabilities relative to various diseases of internal organs, dermal and hemal diseases, all in the context of what has already been established as categories of impairments and disabilities.

III. Medical Rehabilitation Services

Medical rehabilitation is the first stage of rehabilitation services that most disabled people experience. In case of the orthopedically disabled, medical rehabilitation services are offered by an expert team consisting of medical doctors, physical therapists, occupational therapists and speech therapists, etc. However, the distinction between rehabilitation medicine and general medicine is not necessarily clear.

Rehabilitation medicine used to be provided under the Law for the Welfare of Physically Disabled Persons, but recently most is covered by medical insurance provisions.

The number of designated medical facilities to offer rehabilitation medicine under the Law for the Welfare of Physically Disabled Persons is 2,645 as of December 1985, and the number of the medical facilities which are approved to offer rehabilitation medicine by the medical insurance is gradually increasing as is shown in Figure 3.

However, the number of the medical facilities which are approved to offer physical therapy by the medical insurance occupies a little over 10 % of general hospitals while that of occupational therapy remains around 4 % of general hospitals.

As a measure to improve medical rehabilitation techniques and promote their dispersal, the National Rehabilitation Center for the Disabled was established in 1979. Its major

Figure 3 **Change of the number of the designated medical facilities to offer rehabilitation medicine under the Law for the Welfare of Physically Disabled Persons and that of the medical facilities authorized to offer rehabilitation medicine by the medical insurance**

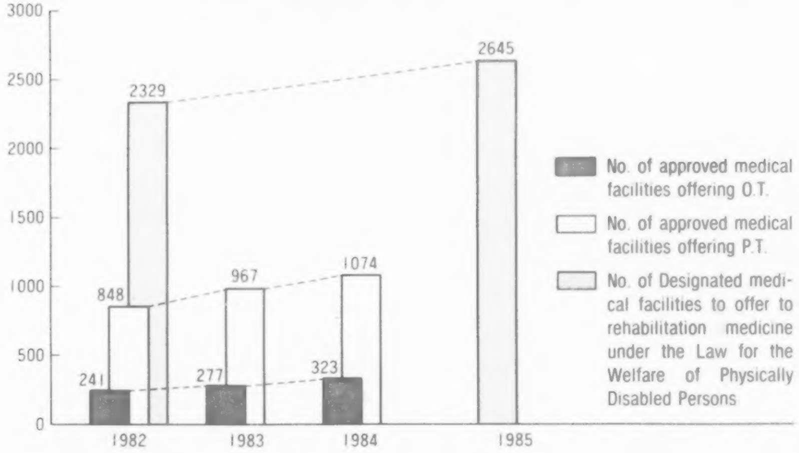
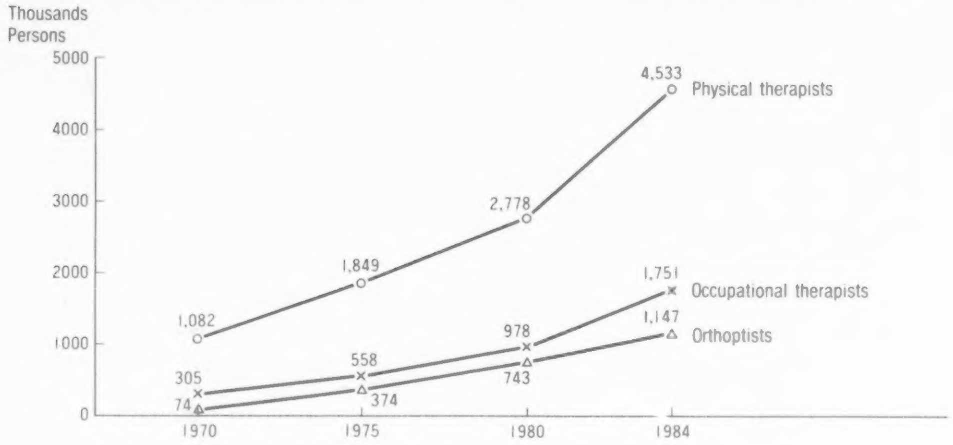


Figure 4 Changes of the number of certified physical therapists and occupational therapists, etc.



functions are the provision of comprehensive rehabilitation sesrvices, rearch and development, and training of professional staff, etc. In cooperation with the National Vocational Rehabilitation Center for the Disabled, which was established adjacently to it by the Ministry of Labor, the National Rehabilitation Center for the Disabled has been proving the effectiveness of comprehensive rehabilitation services for the disabled.

In regard to physical therapists, occupational therapists, and their qualification is ensured by the laws concerned. However, as to such other paramedical staff as speech therapists, and orthotists and prosthetists, etc., their qualification system is not established yet. Changes in the number of certified physical therapists and occupational therapists is shown in Figure 4. Though the number of their educational facilities and their capacity has been increasing, the number of staff is still far behind demand.

In case of the emotionally disabled, prevention, treatment and rehabilitation services are offered mainly by such medical facilities as mental hospitals, etc., and community health centers according to the mental health measures.

Though the number of rehabilitation facilities for the emotionally disabled have been gradually increasing in recent years, there are still far too few compared to the need.

IV. Educational Services for Disabled Persons

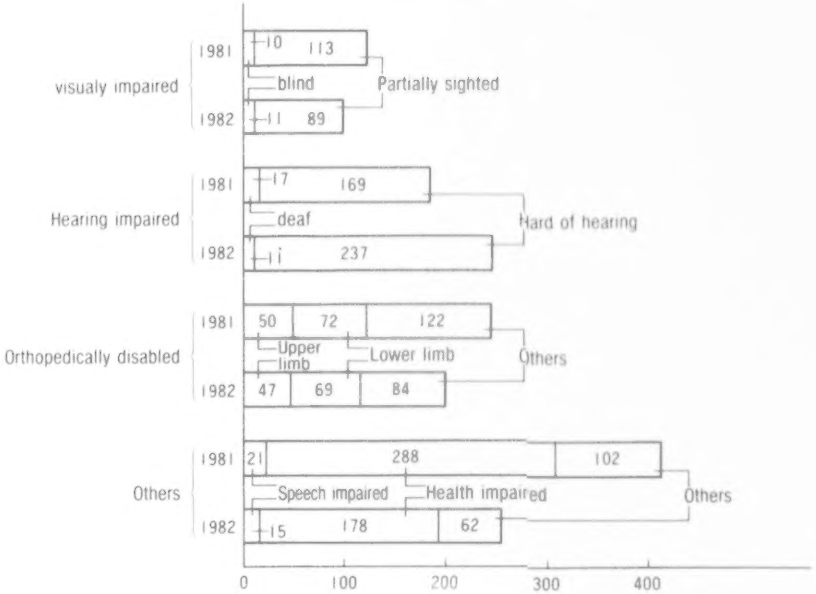
Educational services for disabled children in Japan have been offered since the first school for the blind and the deaf was established in 1878. However, the compulsory education system for orthopedically disabled children, mentally retarded children, and other disa-

Table 2. No. of children in special schools or special classes (1983).

	No. of schools	Elementary schools		Junior High		Senior High	
		No. of classes	No. of students	No. of classes	No. of students	No. of classes	No. of students
〈Special schools〉							
For the blind	72	512	1,580	329	1,256	727	4,265
For the deaf	110	804	3,153	461	1,975	620	3,362
For the mentally retarded	437	4,639	21,504	3,061	14,659	1,540	12,647
For the orthopedically disabled	181	2,323	9,499	1,317	5,431	789	4,834
For the health impaired	95	1,108	4,543	698	2,830	134	651

	Elementary schools		Junior High	
	No. of classes	No. of students	No. of classes	No. of students
〈Special classes〉				
Mentally retarded	10,788	52,788	5,773	30,204
orthopedically disabled	238	967	113	364
Health impaired	538	3,447	106	412
Partially sighted	60	236	23	85
Hard of hearing	382	1,602	111	440
Speech impaired	1,307	7,686	81	242
Emotionally disturbed	1,782	7,820	552	2,458

Figure 5 The number of the disabled who were accepted to universities



bled children was finally completed long after the end of World War II. Today, Japan offers special education for disabled children in two forms ; 1) in special schools and 2) in special classes within regular elementary and junior high schools.

There are special schools for the blind, for the deaf and for other disabled children including orthopedically disabled, mentally retarded, health impaired children and so on. There are seven kinds of special classes such as one for the partially sighted, the hard of hearing, the mentally retarded, the orthopedically disabled, the health impaired, the speech impaired, and the emotionally disturbed. The number of special schools, special classes, and disabled students are shown in Table 2.

According to a survey conducted by the Ministry of Education, the number of disabled who were permitted to enter universities is shown in Figure 5. There is a tendency that persons with milder disabilities are more likely to enter universities than those with severe disabilities.

V. Social Rehabilitation Services

According to the report of WHO's special committee on medical rehabilitation, social rehabilitation is defined as " a part of the rehabilitation process which aims at assisting the disabled to adjust to the demands of their families, community and job-places, and reducing their social and economic burdens which prevent them from total rehabilitation process, and integrating or reintegrating them to community."

As the concept of social rehabilitation is not necessarily established in Japan, and the range of services included in it is not so clear, we will describe, in the following paragraphs, only such services as to assist social independence and social adjustment of the disabled, which is closely related to vocational rehabilitation.

1. Welfare Agencies for Disabled Persons

There are welfare organizations for disabled persons as follows:

A welfare office is the front-line comprehensive social welfare administrative body which carries out social welfare services in general and its establishment is mandated in each prefecture, city and specially designated ward. Major tasks of a welfare office are to outreach and find physically disabled persons, to grasp the situation of mentally retarded persons, to provide counseling for physically disabled persons as well as mentally retarded persons and the placement of a disabled person in institutional care and so forth.

Each prefecture is mandated to establish a rehabilitation consultation center for physically disabled persons and for mentally retarded persons. This center carries out medical, psychological, and vocational evaluation of physically disabled persons and mentally retarded persons 18 years old and over. It also prescribes prosthetic and orthotic equipment and evaluates the suitability of the prosthetic and orthotic equipment if necessary. In addition, some centers provide information, technical research, training services, disability-registration and other services.

A mental health center is established in each prefecture, and provides counseling and guidance services to emotionally disabled persons and their families. It also gives information on mental health and conducts research and surveys.

2. Rehabilitation Institutions for Disabled Persons

Rehabilitation institutions for disabled persons who need special medical treatment, training for daily activities or vocational training are established based on the Law for the Welfare of Physically Disabled Persons and the Law for the Welfare of Mentally Retarded Persons. Various institutions are available according to the eligibility and severity of disability and contents of services. As social welfare facilities for emotionally disabled persons, there are 4 day care centers (capacity 240), two social rehabilitation centers for the mentally restored (capacity 210) and one social adjustment center (capacity 50).

3. Promotion of Social Integration

Measures for the welfare of disabled persons in the community, and the promotion of social integration have been gradually increasing by establishing new programs and services and improving them. Welfare services related to vocational rehabilitation are available in Japan.

4. Distribution of Prosthetic Appliances and Daily Activity Aids

Prosthetic appliances and daily activity aids are to help physically disabled persons manage their jobs and daily activities. Welfare offices are in charge of distribution of the appliances.

There are 50 kinds of prosthetic appliances approved by the government such as artificial hands, artificial legs, braces, wheelchairs, motorized wheelchairs, crutches, safety canes for the blind, artificial eyes, glasses, braille tools, hearing aids, artificial larynxes, and so on.

There are also many kinds of aids for daily activities such as bath-tubs, wates heaters, stools, special stools, special beds, special mats, electric typewriters, tape-recorders, calculators and watches for the blind, braille typewriters, alarm-clocks and room signals for the deaf, telephones for the disabled, and so on.

5. Income Security System for Disabled Persons

Income security system for disabled persons is available in Japan.

6. Better Living Environment

In order to facilitate better living enviroment for the disabled, their own homes, their workplaces and the community in general all need to be much more accessible. Their housing environment has been gradually improving through the granting of Loans for Family Rehabilitation and the Housing Remodelling Loan for the Physically Disabled, allotment of quota of public housing for families with physically disabled members, construction of specially adapted public housing for wheelchair users, and also construction of public apartment housing for the physically disabled and residential facilities with attendant services, etc. by some local governments.

Voluntary activities for the disabled begun in Sendai City led to the realization of "the Citizens' Meeting for Making More Accessible Community Environment for the Disabled" in 1971, and those who took part in the meeting requested the city authorities to build public toilet facilities and ramps accessible to wheelchair users.

This citizens' movement spread to other local communities rapidly.

In 1973, the Ministry of Health and Welfare established "Welfare Model City Program for the Physically Disabled", and provided the appointed cities with grants for 3 years. In this program, 53 cities were appointed by fiscal year 1975. Since 1979, this program has been extended to cities with a population of 100,000 or more, and the national government provides partial financial assistance to support this program. 135 cities were appointed as of 1983.

Some of the work involved includes the lowering of sidewalks, construction of ramps to give access to pedestrian bridges, and modification of entrances, corridors, stairs, toilets, offices, emergency facilities, elevators and telephones in public buildings to allow access by wheelchair users.

Municipal parks and other public facilities are also being modified.

VI. Vocational Rehabilitation Services

1. An Outline of Legislative Measures for Vocational Rehabilitation

Japan has many laws relating to vocational rehabilitation measures and each of the areas covered is partially overlapped by several areas of other laws.

The responsible authorities for these laws are the Ministries of Labor, Health and Welfare, and Education. The Ministry of Labor plays the key role.

The Law for Employment Promotion etc. of the Disabled is the fundamental bedrock of all such related laws. First established in 1960 as the Physically Handicapped Persons' Employment Promotion Law, it then underwent revisions in 1976 and 1987. Under this law, as well as fundamental provision of promotion of vocational rehabilitation, there are also employment promotion programs for disabled people which include the Quota System, and the Levy and Grant Systems, providing the core of related measures.

The Vocational Ability Development Promotion Law provides and administers public vocational training programs via central and local governments. Vocational training centers are established according to this law.

The School Education Law provides vocational education for disabled children. The Employment Security Law requires that disabled people be given both vocational guidance and placement services through the public employment security offices.

Under the Employment Countermeasures Act and the Employment Insurance Law, disabled people may receive an allowance whilst undertaking vocational training or guidance courses. This is also through the public employment security office. Employers are provided with various types of assistance as previously outlined by the Law for Employment Promotion etc. of the Disabled as well as other laws above.

The Occupational Health & Safety Law provides for prevention of injury and disease caused by industrial accidents. Comprehensive coverage is provided under the Workmens' Accident Compensation Insurance Law for those disabled by industrial accident or disease.

2. Processes of Vocational Rehabilitation and Related Facilities

There are various agencies and facilities related to vocational rehabilitation in Japan. These include those established and operated by the central government, local governments or special organizations established to fulfill the various laws (for example, the Employment Promotion Projects Corporation, the Japan Association for Employment of the Disabled, etc.) as well as private organizations and enterprises.

Each of these agencies and facilities offers a certain specific vocational rehabilitation service for disabled people. Their differing roles and work-relations are extremely complex. Cooperatively, in Japan, these major agencies and facilities are interrelated to each other as the vocational rehabilitation process is started and continued for each prospective worker, from job application to eventual employment.

3. Vocational Guidance and Placement Services

(1) The Public Employment Security Office

The above offices are responsible for ensuring that when a disabled person comes to them about a job application, they are registered. The registration provides detailed information concerning the applicant's disability, vocational guidance to date, placement, employment, etc. These records are kept for reference until the applicant cancels the registration. Even when they gain employment, their information is kept, that they may continue to receive any relevant help available as required.

Vocational guidance services at these offices includes aptitude-testing, information about employment etc. If further specific and specialized assessment is required, the above office works together with the nearest local vocational center for disabled people in effecting this.

As part of their task to promote the employment of disabled people, such offices also advise employers about potential workers from among disabled people, and develop job openings for disabled people as much as possible.

Various types of professional personnel are assigned in each office: Employment Promotion Guidance Officers are involved in job applications, vocational guidance and placement for disabled job-seekers. Vocational Guidance Officers work alongside employers to promote job opportunities for disabled people.

Vocational Consultants within major public employment security offices provide disabled workers with necessary advice and guidance to assist them in maintaining their work. They also offer employers specialized advice and guidance on technical matters concerning management of employees, employment and placement of disabled employees, improving facilities, equipment, work environment, etc.

The public employment security office also functions as a screening agency offering guidance, instruction or referral services for on-the-job training, etc. for disabled people asking for vocational training.

(2) Services of the Local Vocational Center for the Disabled

There are 47 such centers throughout Japan. Each center has qualified professional counselors who have specialised knowledge of psychology, etc. and who conduct vocational evaluation and counseling for disabled people.

They work in close cooperation with public employment security offices, particularly in offering such services for moderately/severely disabled people as follows:ing ways:

-Vocational evaluation, guidance and counseling.

- Work preparation.

- Vocational Seminars/Training Courses.

- Advice to employers reemployment of disabled workers, etc.

Such vocational counselors have to pass an examination and training courses designated by the Ministry of Labor, or recognised by it.

These centers are established and administered by the Japanese Association for Employment of the Disabled (referred to later) and fulfil the Law for Employment Promotion etc., of the Disabled which requires such workers to have the right to vocational support and self-support. Close support is given by the aforesaid public employment security offices to fulfil the above aims of employment promotion and security of disabled people.

4. Vocational Training and Vocational Ability Development Services

There are several types of vocational training programs in Japan. These include those operated by national or local government, such as the vocational training centers for disabled people; training programs carried out by public vocational training centers that include able-bodied workers, and those organised by private organisations. Others include vocational education within the school education system and pre-vocational training programs run by the Ministry of Health and Welfare.

(1) Public Vocational Training Programs

Vocational Training Centers for the Disabled - there are a total of 19 of these throughout Japan, established to provide disabled people with suitable and specialized vocational training according to their specific needs.

Eleven were established by the national government and are administered by prefectural governments. Six were established and are administered by prefectural governments, and two were established by the national government and are administered by the Japanese Association for Employment of the Disabled. These are all designed primarily for physically disabled people, however, one has been designed specifically for mentally retarded people and three others have courses especially for mentally retarded people.

Training is usually one year, although it may be either 6 months or 2 years in a few individual cases and situations, depending upon the courses.

Both centers administered by the Japanese Association for Employment of the Disabled are set up within the National Vocational Rehabilitation Centers, as previously described.

The National Vocational Rehabilitation Center at Tokorozawa City works in close cooperation with the National Rehabilitation Center for the Disabled (which is on the same compound) and the National Kibikogen Vocational Training Center in Okayama Prefecture with the adjacent Medical Rehabilitation Center.

A vocational training allowance is provided during the training period for those trainees undergoing training via the auspices of a public employment security office. The amount varies from area to area depending upon regional variations, the training involved, etc.

Integrating nondisabled and disabled workers in Vocational Training Schemes is encouraged at the training facilities established by the Employment Promotion Project Corporation or by prefectural governments. These regular public vocational training centers aim to integrate disabled workers into their courses when the disability allows.

Work Preparation Training Programs for Mentally Retarded People, etc. are possible at a workshop established inside a local vocational center for the disabled. Both mentally retarded and mentally ill people are assisted in building up various work skills and procedures. Starting in 1987 this scheme will be introduced to all vocational centers for the disabled at the local level over a 7-year period.

(2) Vocational Ability Development Programs run by Private Organizations

On-the-job Adjustment Training is a training program run by private enterprises entrusted by the prefectural governments. The disabled trainee is generally given 6 months training, (up to 1 year for severely disabled people), while a training allowance is provided to the trainee, and a training subsidy to the employer.

In the training period the trainee is taught various work skills and becomes adjusted to a work environment. After the training period the trainee is employed by the same company.

The Ministry of Labor provides grants from the Levy System to allow privately-run vocational rehabilitation centers to adapt and construct training facilities and programs.

These have to meet government standards. As of 1987, a number of differing programs will be carried out in the 12 centers and workshops throughout Japan. These include ability development centers.

(3) Pre-Vocational Training Programs of the Health & Welfare Administration

These programs differ slightly from those already mentioned in that they concentrate not so much on vocational training itself, but on such pre-vocational training as activities of daily living, adjustment training for social and vocational-life, car-driving for commuting to work, etc. In this way they have a direct or indirect effect upon the vocational training programs mentioned above, that differs in emphasis from those offered by the Ministry of Labour.

5. Compensation for Workers Disabled as a Result of Industrial Accidents

Industrial accidents are the largest percentage (9%) of disabilities caused by accidents. Although the Occupational Health & Safety Law has stringent control concerning working conditions etc., about 2,300 people die and 360,000 are injured each year. However, this figure has gradually decreased as controls have been tightened or added.

Workmens' Compensation is available for all workers injured at work, under the measures outlined in the Workmens' Accident Compensation Insurance Law.

If they are incapacitated by their accident they are eligible for a lump-sum payment depending upon level of injury, or an annuity, as well as payments of hospital and treatment charges and compensation for lost wages.

Workmen's Compensation Hospitals are established throughout Japan. The 36 hospitals provide medical care for those workers injured at work.

The Comprehensive Spinal Cord Injury Center is for people with spinal injuries caused at work. It is based at Iizuka City, Fukuoka Prefecture. Adjacent to this is the Vocational Center for People with Spinal Cord Injury, and both centers work in cooperation to provide the quickest possible rehabilitation through medical treatment and vocational training/re-training.

The Medical Rehabilitation Center at Kibikogen, Okayama Prefecture, provides advanced medical treatment and rehabilitation to those severely injured in industrial accidents. It also works with a adjacent, vocational rehabilitation center to provide conprehensive services.

Workmen's Insurance Rehabilitation Workshops are established to help workers with severe spinal-cord or lower limb injuries or disabilities. 8 Throughout Japan. All of them have residential facilities and are able to assist disabled people to achieve re-integration into society via their work-experience programs.

6. Follow-Up Services after Placement in order to provide a full Rehabilitation

In order to provicd a full rehabilitation process, follow-up services after placement provide on-going adjustment once employment has been obtained.

This is provided by either measures taken within each workplace and also by counseling and guidance from public agencies.

Vocational Life Consultants for Disabled Employees may be appointed by any company with 5 or more disabled workers. Training is provided to individuals of the company wishing to fulfil this role. They have to pass various training courses overseen by the Ministry of Labor.

Once qualified, a consultant is able to give specialized advice and guidance to disabled employees regarding their vocational needs and adjustment to work situations. This enables maximum adjustment and also work efficiency.

For those companies with over 300 employees which also include disabled workers, an Adjustment Promotion Team (consisting of an employer, a vocational life consultant, a manager, supervisor and the disabled person's representative) is recommended. This team ensures the disabled workers are fully assisted in adjusting to their work-environment and in retaining their employment without problems.
Close liaison with a public employment security office and the Japanese Association of Employment of the Disabled is recommended.

Vocational Consultants are based in major public employment security offices and are available to offer specialised advice and periodic visits to enterprises. They can offer skilled knowledge to both physically disabled and mentally retarded people, as well as consultation to employers.

At various agencies and facilities under the Heath & Welfare administration and at special schools and classes under Education administration they also provide similar follow-up services.

7. The Employment Promotion System for Disabled People

It may be said that the Quota System and Levy and Grant Systems play the central role in promoting employment for disabled people in Japan. The Quota System was introduced here in 1960 as part of the Physically Handicapped Persons' Employment Promotion Law, but at that time there was little effect as it was only a moral obligation, not enforced by law.

In 1976 the Law was revised to make this a legal requirement, and at that time the Levy and Grant System was also introduced.

(1) Outline of the Quota System

People covered by this law include all physically disabled people. Since the revision of the law in 1987, people with mental retardation are also included in this provision.

Exemption exist for certain industries in which it is difficult to employ disabled workers. The exemption rate is set at a predetermined number, but the industries may be expected to establish subsidiary companies that can employ disabled workers in some respect.

Special considerations regarding employment of severely disabled people have been established. In order to promote employment for such people, severely disabled people are "double counted" with regard to the quota - i.e. each of them can be counted as two Persons for quota purposes, thus making them more attractive to employers. Additionally, specific hospitals are required to fulfill a special quota of 70% of staff employed as masseurs being people with severe visual impairment.

Employers are required to report to their public employment security office annually, the number of disabled workers they employ. The head of the employment office may thus keep records, and notify employers that are failing to employ sufficient disabled workers. The head may request that the company draw up plans for such employment, and urge them to follow it. In such cases where employers are apparantly not willing to comply with the law, the case may be made public, in order that adverse publicity will create changes.

(2) The Levy and Grant System

Employing disabled workers may require employers to adapt or build either existing or new work facilities, equipment etc, and/or provide workers with extra supervision or training. This creates greater financial burdens for those employers seeking to comply with the law, as against those that don't.

The Levy & Grant System exists to balance such financial differentials and thus promote disabled peoples' employment.

The system works by collecting a levy from those employers that fail to meet the quota of disabled workers within their enterprises.

The money raised is then re-distributed

amongst the employers of disabled people in the form of Adjustment Grants, Encouragement Grants, etc. This system also covers both mentally and physically disabled workers, and is outlined above.

(3) The Japan Association for Employment of the Disabled

The above organization was established as a "Watchdog" group concerning the effective establishment of the Law for Employment Promotion etc. of the Disabled. The association is entrusted with the following concerns regarding this law : -

- Administration of the Levy & Grant System.
- Establishment and administration of Vocational Centers for the Disabled, both centrally and regionally.
- Administration of Vocational Training Centers for the Disabled.
- Oversight of the standards of the qualifications required to be a Vocational Life Consultant.

Other services include those related to guidance, seminars and training courses for employers, research and study grants for retaining disabled workers and a vocational skill contest for physically disabled workers etc.

(4) Other Grants for Employers of Disabled Workers

Besides the above, other grants include : -

Grants for Employers to Subsidize the Wage of Disabled People is a wage subsidy program in which employers are subsidized half of their disabled workers' wages, including physically disabled and mentally retarded workers, for one year from the start of employment, (two-thirds for those employers with smaller enterprises).

Employers of severely disabled workers are subsidized two-thirds of an employee's wages for up to eighteen months, (three-quarters for smaller enterprises). This includes mentally retarded people also.

The Grant for Retaining Employment of the Newly-Disabled Employee is given to employers who continue to employ the worker following their disablement while being employed, and who continue to employ the worker over a set period.

This is designed to assist employers with necessary expenses to improve work facilities, equipment and also provide vocational adjustment for the disabled employee.

Other programs include a loan system giving favourable terms for establishing business facilities or purchasing land, and various tax benefits.

8. Measures for Severely Disabled People

Measures for the above people who are unable to gain employment include vocational rehabilitation services provided by social welfare institutions such as industrial workshops and sheltered workshops. These are established and run according to guidelines in the Law for the Welfare of Physically Disabled Persons and the Law for the Welfare of Mentally Retarded Persons.

Industrial Workshops for Physically Disabled People provide jobs in a suitable environment for those who are capable of good, productive work, but find it difficalt to be employed in regular enterprises because of problems in commuting, and limited accessibility at work-places. The program started in 1971, and the number of workshops increased during initial ten years and then remained constant; there were 21 workshops employing 1060 people as of 1984.

Industrial Workshops for Mentally Retarded People were first established in 1985 to provide employment opportunities for mentally retarded people who have vocational abilities, but who may have difficulty in gaining employment because of problems making personal relationships and health care. They are provided guidance in achieving self-support in an environment suitable to their abilities, and equipped with everything needed to develop their personal abilities and needs of daily living, health care etc.

As of 1984 there were 86 residential Sheltered Workshops for Physically Disabled Persons serving 3,949 people, and 58 non-residential ones serving 1,161 people. In these workshops, necessary training is given to allow clients to hold a job in the establishment and thus achieve self-support. Lately, non-residential workshops have been increasing in number over residential workshops.

Sheltered Workshops for Severely Physically Disabled People were established to assist people with severe disabilities who cannot obtain employnent and need assistance in achieving independence. The growing number of this type of facility reflects the increase in numbers of severely disabled people in recent days. There are already 107 of these workshops, serving 6,328 people, a greater number than the previously-mentioned workshops for physically disabled people.

Sheltered Workshops for Mentally Retarded People are established to provide necessary training for those mentally retarded people who cannot find regular employment. The aim is to assist them to achieve independence in work and socially. There are now 133 residential sheltered workshops accommodating a total of 8,720 people, and 205 nonresidential workshops with 7060 people. Nonresidential workshops are increasing over residential as in the situation cited above.

Although they are not estnblished under any existing laws, Unauthorized Small Sheltered Workshops are established and run by parents and teachers of disabled children or groups of disabled people. They serve disabled people who cannot be accepted into existing authorized workshops because of their severe disabilities, or because there is no facility in their community. Programs vary according to the purpose of the establishment, numbers and types of disabled people making use of them.

Most workshops provide clients with training for activities of daily living, through work activities, as many are not able to achieve vocational independence. Although receiving only limited financial assistance the number of such workshops is rapidly increasing in order to cope with the needs of the community. There are an estimated 1,600 of such workshops as of 1987.

In addition to the above mentioned facilities, the Social Welfare Services Law and the Daily Life Security Law also offer services to physically and mentally retarded people-including mentally ill people in various sheltered workshops and relief institutions.

VII. Future Prospects

1987 was the middle year of "the United Nations Decade of Disabled Persons". The state, local governments, and voluntary sectors reviewed their own "long-term programs of action", which were made at different levels, and decided policies to be carried out for the latter half of the decade. In order to see the prospects of rehabilitation measures in Japan, policy measures and important tasks planned by the government for the latter half of the decade should be examined.

The Government's Headquarters for the Promotion of Measures for Disabled Persons released the major measures for the latter half of the decade for "the Long-term Program of Action for Disabled Persons", in June, 1987. Below is the outline.

1. Fundamental concept (items only)

(1) Spread the correct understanding concerning "disability" and "disabled persons" throughout society
(2) Secure equal opportunity
(3) Support for independence
(4) Improve the living environment
(5) Measures for aging
(6) Utilize technological development
(7) Secure coordination among policy measures
(8) Equipping research
(9) Promote international cooperation

2. Fundmental direction of policy measures and important measures

(1) **Development of publicity (items only)**
  a) Promotion of publicity
  b) Promotion of welfare education
  c) Promotion of exchange

(2) **Health and Medical Care**
  a) Prevention of mental and physical disabilities and their early detection.

Further developing medical services available during pregnancy (to prevent factors that could lead to congenital abnormalities - such as unsuitable drugs, infections, alcohol, environmental pollution etc.) is recquired. Health check-ups for new mothers and children, and the development of coordinated health care providing earliest possible detection, treatment and care also required.

Positive health care - in order to prevent the encroachment of disorders, such as emotional, behavioral or geriatric disorders - and measures to prevent industrial and traffic accidents should also be promoted.

b) Promotion of medical care and research

Developing of medical facilities that have rehabilitation functions, increasing the quality of medical care and rehabilitation for the severely disabled such as severely mentally and physically disabled children, domiciliary medical-checkups for home-bound severely disabled persons, increased effort developing a kidney transplant systems, research into neurological and muscular diseases such as progressive muscular dystrophy and so forth, research into developmental disabilities, research into mental disorders, and research into factors and treatment measures of complex diseases and so on.

c) Increasing measures for mentally disordered persons

With the protection of the human rights of mentally disordered persons, securing proper psychiatric care and promotion of social rehabilitation should be sought. Mental health guidance should be developed, and increase of mental health measures according to life stages such as adolescence, old age, and so on.

d) Training and securing related professionals

Developing of the training system for clinical technicians and prothsetists should be carried out. Qualification systems for speech therapists and other professions should be implmented, and fulfilment of rehabilitation education for medical students and post-graduates should be sought. Also increasing training programs for physical therapists and occupational therapists should be carried out.

e) Increasing of research and development of technical and medical devices

Research and development system of technical and medical devices should be equipped, and standardization should be discussed, so that networking of information about these could be promoted.

(3) Education and care

a) Developing education measures concerning mentally and physically disabled children

Maximizing the potential for mentally and physically disabled children, and letting them try to achieve social independence, promoting proper education according to the kinds and degree of disabilities, and promoting understanding of the public about mental and physical disability from early childhood should be carried out.

Coordination among the areas of medicine, welfare, education and others for the purpose of early education for mentally and physically disabled children, and setting up national junior colleges for visually and hearing impaired students should be carried out.

b) **Developing the care of mentally and physically disabled**

Increasing of research concerning the care of mentally and physically disabled children, developing care systems, promotion of means of care, creating guidance organizations, and coordination between residental care and schools should be sought.

(4) **Employment**

a) **Measures according to kinds of disabilities**

① Developing of measures for physically disabled persons

In order to expand areas of vocation, research on development of micro-electronic devices, and promotion of publicity should be carried out, and measures for creatig grant-aid depending on kinds of disability and measures for securing employment for those who became disabled during employment should be carried out.

② Promotion of measures for mentally retarded persons

Promoting employment of mentally retarded persons by informing employers of enterprises, reformation of the quota and levy systems; promoting programs for centers for the development of abilities of the mentally retarded by third sector industries; programs for pre-training for vocation for the mentally retarded at vocational centers for the mentally and physically disabled should be carried out.

③ Promotion of measures for mentally disordered persons

Research into vocational conditions required for the mentally disordered persons and publicity regaring the promotion of employment should be carried out. Employment promotion by utilizing on-the-job training, and other means and developing sheltered workshops should be carried out.

b) **Promotion of measures for those who have difficulty in being employed under present conditions**

Developing proper work-schemes for severely disabled persons, expanding vocational areas, promoting activities to encourage enterprises to hire severely disabled persons by third sector industries, creating programs to set up workshops, developing training at sheltered workshops and promote employment after workshop trainings, measures for secured management of sheltered workshops and welfare factories, and subsidizing small workshops should be carried out.

c) **Promotion of vocational rehabilitation**

Building and developing vocational centers for the mentally and physically disabled; forming vocational rehabilitation networks, (placing comprehensive vocational rehabilitation centers for the disabled in the center), research concerning vocational rehabilitation and to develop the same, should be carried out.

d) **Training of professional staff**

Plans for setting up comprehensive vocational centers for the disabled should be promoted, and vocational rehabilitation related professionals should be trained under the equipped training and research system, and employing qualification systems for those professionals should be carried out.

(5) **Social Welfare**

a) **Promotion of measures for financial security**

Reviewing disability pension amounts in accordance with the national standard of living, and creating special allowances for the disabled ; various kinds of welfare allowances for disabled children should be established, and proper measures should be taken for the taxation of disabled persons.

b) **Developing welfare services**

① Home service

Promotion of community involvement in projects such as "plans for building an accessible community for the disabled", developing such as welfare homes, attendant-care services for home-bound severely disabled persons, home-visiting service, and mobile service should be carried out. Qualification and training of sign-language interpreters and related occupations ; means for judging mental retardation, and desirable ways of treatment, equipping the system for supporting independence of the mentally retarded, and creating home services for the mentally disordered should be carried out.

② Residential service

Developing residential homes to provide comprehensive rehabilitation, establishing residential organizations suited to the needs of the disabled, within the community, and promoting training measures for related workers should be carried out.

Developing comprehensive care centers for the purpose of the prevention of mental and physical disabilities, early detection, early care should be carried out, and public psychiatric hospitals, mental health centers, and social rehabilitation facilities for the mentally disordered should be built.

(6) **Living Environment**

a) **Improvement of houses and buildings**

To promote improvement and modification of public housing for disabled persons, to give higher priority to making public housing accessible to disabled persons, special consideration to disabled people receiving loans for housing, building more houses for disabled persons, installation of devices to improve home environment, promoting modification of public buildings for use by disabled persons, to develope "buildings standards which take into consideration the needs of disabled persons" in privately owned buildings and to promote special grants to realize the above objectives.

b) Transportation Services

To improve public transportation facilities of vehicles and services, traffic signals and pedestrian crossings, road structure and system, and parking regulations in order to give full opportunity to disabled people to use public transport; to increase the number of lift-equipped buses, and grants to modify a vehicles for the use of disabled persons, to improve guide helper services.

c) Information referral services for the disabled

To improve the following services : information services in braille and tapes for the blind, information services in sign languages, captioned video tapes and captioned TV programs for the hearing impaired, development and dissemination of communication devices and networks to improve a communication with the handicapped, expansion of guidance services at public facilities, warning systems, and referral services of sign language volunteers.

d) Establishment of crime and disaster prevention system

To establish systems to collect and disperse information as well as to create evacution procedures for disabled people during emergencies and natural disasters, also to establish a system to prevent accidents and crimes against disabled persons.

(7) Promotion of sports, recreation and cultural events

To provide support for sports, recreational and creative programs ; to assure the disabled have access to sports facilities and recreational and cultural facilities ; to provide them with sports, recreational, and cultural activities and information referral services regarding those activities.

(8) Promotion of international cooperation

As a member of the world community, Japan should play a major role in the disability related fields in order to contribute to the realization of "full participation and equality" of disabled people in every county in the world.

Japan should also actively carry out programs for the "U. N. Decade of Disabled People" and further promote international cooperation.

by Japanese Society
for Rehabilitation
of the Disabled.

REHABILITATION IN KOREA

I. Korea in Brief

The Korean Peninsula extends southward from the northeastern part of the Asian continent. Approximately six hundred miles long and 130-200 miles wide, the peninsula has an area of 85,000 square miles. The land is characterized by hills and mountains, which account for 70 percent of its surface area.

The country has been divided into two parts-North Korea and South Korea (the Republic of Korea)-since 1945. The Republic of Korea is divided into four special cities and nine provinces. The State Cabinet is the nucleus of the Executive Branch, with members representing 16 ministries.

Korea has a phonetics system of writing devised and used exclusively for the written Korean language. It was invented by King Sejong, of the Choson Dynasty in the 15th century.

Koreans are a homogeneous ethnic group, independent of their neighbors. Over the centuries, Koreans have stubbornly held to one language, one culture, and one tradition. In the 1985 census, the population of the Republic of Korea was about 41,209,000 and the rate of population growth has been 1.6 percent. The average life span was 68 years at the end of 1985.

Religious liberty is a right guaranteed to all citizens of the Republic of Korea. There is an estimated 15,600,000 faithful, whch is 40 percent of the total population.

Korea is striving to establish a democratic system, and the Constitution of the Republic of Korea stipulates that all people in Korea are equal under the Law.

Koreans throughout history have had an unquenchable thirst for education. There are over 680,000 students in 100 colleges and universities throughout the country.

By virtue of the remarkable economic achievement during the past two decades in Korea, the establishment of a welfure state has become one of the main targets of national development.

There are 14,368 medical facilities with 96,742 beds and 20,037,000 persons currently benefit from insurance or medical aid. Across the country, 557 social welfare institutions accommodate 64,695 inmates. Out of the economically active population, 14,417,000 persons (96.2%) have jobs. Twenty-two daily newsparers are being published, about 10,000,000 copies in total.

II. The Number and Status of the Disabled

Nine small or large surveys have been conducted since the first sample survey for disabled children in Korea was carried out in 1961. The Ministry of Health and Social Affairs held a sample survey with the cooperation of the Korea Institute of Population and Health in 1980 and again in 1985. Sample surveys are to be held every 5 years.

Statintics show the rate of the disabled to be in the range of 2.2 percent to 2.9 percent of total population. As is well known, collecting accurate statistics is difficult, especially in developing countries. A system for registry of the disabled will be established in the near future.

According to the results of the survey, the total number of disabled persons has been 915,000, which is 2.27 percent of our total population. The male to female ratio of the disabled population is 5.6 to 4.4.

The ratio of urban residents to rural residents among the disabled is 1 to 2. Among the disabled, the number of children below 19 years of age is 159,366 (17.4 percent of the total) and the number of those who are over 60 years is 280,427 (30.6 percent).

Fifty percent of the disabled aged 15 years or over are in education or work. The main reasons for unemployment are severe handicaps and age. Although 9.8 pecent of physically handicapped persons did not take medical services after they had gotten their impairment, 51 percent of oral & aural disabled persons and 42 percent of the mentally retarded never received medical examinations or treatment concerning their disability. Most of the disabled are anxious for medical service.

The average family in Korea numbers 4.09 members. However, families with disabled members range from 4.63 to 5.05 persons, significantly higher.The rate of the disabled receiving government assistance is double that of others receiving help in korea. The statistics on mentally retarded are the most uncertain. However, institutional care is sought on their behalf by some families.

III. Welfare Institutions for the Disabled

Rehabilitation service in Korea has a long history. Orphaned Children and severely disabled persons have been supported by the government since A.D. 500-700. The first modern welfare institution for the disabled, Jae Seng Won, was built in 1913 and accommodated 32 visually handicapped persons and 71 hearing impaired persons in 1934.

Status of Institutions for the Disabled (92 institutions in 1985)

Category	No.of. Inst.	Residents	for adults	for children
Physically Handicapped	28	3,128	9	19
Mentally Retarded	32	3,696	4	28
Visually Impaired	11	911	3	8
Hearing Impaired	14	1,143	3	11
Others	7	448	2	5
Total	92	9,326	21	71

Estimated Number of the Disabled

Category	House bound	Institutional care	Total
Physically Disabled	531,000	2,000	533,000
Mentally Retarded	75,000	4,000	79,000
Visually Disabled	58,000	1,000	59,000
Oral & Aural Disabled	243,000	1,000	244,000
Total	835,000	8,000	915,000

The first home for the physically disabled was opened in 1946, and the first national institution for mentally retarded children was set up in 1949. The number of welfare homes has increased thereafter, and at present there are 92 homes with 9, 326 disabled persons; in 1969, 25 homes with 2, 442 inmates, and in 1980, 58 homes with 5, 218 disabled persons.

Samyook Rehabilitation Center is the first institution providing home, hospital, special school and vocational training institute.

The National Rehabilitation Center, a model Korean Rehabilitation institution, will be opened in 1986. The government has divised a master plan in order to modernize disabled peoples' welfare facilities, along with a budget plan.

IV. Medical Rehabilitation

Historically, ill children and the disabled in the Yi Dynasty (A. D. 1500—1600) were provided medical service with subsidies from the government office. Medical services have been developed since Western medicine was introduced in Korea.

Dr. Howard A. Rusk's treatment of injured soldiers during the Korean war was the begining of rehabilitation medicine in Korea. In Korea, 6 universities set up rehabilitation medical courses.

The first short training course for physical therapy was begun by Ms. Thelma B. Maw, an American missionary, in 1949, and at present, there are 12 PT training schools. Qualification as an occupational therapist can be acquired through a qualifying examination after field training for more than one year.

Speech therapy was introduced by Gloria Levin in 1969, but we have no speech therapist training course yet. Although there is no qualification system for orthoptist or prosthetists, 62 workshops authorized by the Ministry of Health and Social Affairs make and repair braces and other devices.

Medical rehabilitation facilities total 1, 647, and out of these 51 are national/public hospitals, 44 are private hospitals, 14 are private clinics, and 1, 538 are health centers or branch health centers.

The total number of medical-rehabilitation personnel is 1, 790 including 28 professional rehabilitation doctors, 1, 948 physical therapists, 88 nurses and 26 occupational therapists.

Supporting and therapeutic equipment has been given to about 1, 500 handicapped low-income persons by subsidy every year since 1981. Voluntary groups such as christian bodies have also contributed supporting devices and eye-operations for the disabled free of charge.

Korea is taking appropriate steps to solve the problems of doctorless areas by primary health care and prenatal services as a first step to protect newborn infants and detect handicaps for early treatment. This country makes the utmost effort to educate pregnant women and nursing mothers in order to prevent congenital disease and promotes early preventive inoculation of infants.

Korea also places emphasis on industrial safety and work to prevent industrial and traffic accidents that are major causes of postnatal disability.

Comparison of appearance rate of 1980 and 1985

Category	1985	1980
Physically Disabled	12.93	15.70
Mentally Retarded	1.92	1.15
Visually Disabled	1.43	1.09
Oral & Aural Disabled	5.52	3.86
Total	22.20	21.80

Number of the Disabled by Educational Level (Per 1,000 persons)

Educational level	Number
Under the school age	7.6
Uneducated	114.4
Graduated from	
Primary school	40.0
Middle school	18.0
High school	11.7
College or above	8.5
Attending school	
Primary school	7.4
Middle school	7.0
High school	6.6
College	4.2
Total	22.7 (students of special schools included)

Categories of Schools for the Disabled with Number of Students

Category	Schools	Classes	Students	Teachers
Visually Disabled	12	129	1,254	212
Hearing Disabled	23	340	4,618	466
Mentally Retarded	41	454	6,656	643
Physically Disabled	11	119	1,797	146
Total	87	1,042	14,315	1,467

Outline of Special Education Classes

Classes	Students	Teachers	Certificate of qualification rate for special teachers
1,568	22,534	1,568	24 percent

V. Educational Rehabilitation

The first special education in Korea was started by Ms. Rossetta Sherwood Hall, an American missionary who began teaching the blind in 1894. The first schools for the deaf opened in 1909.

Korean braille was designed by Mr. Doo Sung Park in 1926.

The first special class for physically weak students was set up at a primary school in 1935, and the first education tour for disabled children accommodated in welfare institutions was conducted by the Pusan City Board of Education in 1962. For the first time, Dan Kook and Ewha Woman's universities set up departments of special education in 1971.

Han Kook Oral School for the Deaf has

been exchanging lessons with a nearby ordinary school in an effort to establish an integrated education for two weeks a year since 1972.

Following the Education Law, which was enacted in 1949 with articles stipulating special schools and classes, the Promotion Law for Special Education was enacted in 1978. Korean special education has developed remarkably during the past few years thanks to this law. There are 87 special schools with 14, 315 students, and 1, 568 special classes for the mentally retarded and handicapped children in ordinary schools, where 22, 534 students are attending.

The number of physically handicapped students in the regular classes of ordinary schools (primary and secondary schools) was 30, 120 in 1984.

When they enter a middle school, disabled students are allowed to select a school which is convenient for transportation or has facilities for the disabled, and are given extra time when they take an entrance examination, if necessary.

Disabled students are exempted from school fees in primary and middle Special Schools, while the other students are only exempted from primary school fees.

VI. Vocational Rehabilitation

The blindmen in the Korea Dynasty (A. D. 1000–1300) got vocational training in such trades as sutra-chanting and fortune telling, and partially crippled Koreans in the Yi Dysasty (A. D. 1400–1500) were taught to make nets.

The visually handicapped in Jae Seng Won, a welfare institute, took vocational traning in shampooing, acupuncture and cautery in 1914. Since World War II, there have been eight vocational traning courses in the National Rehabilitation Center for handicapped veterans.

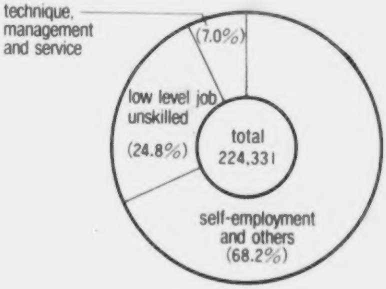
Sung Lin Children's Vocational Rehabilita-

Employment Record of Korean Society for Rehabilitation of the Disabled

	Cases	Enterprise sought	Referred for training	Guidance selfemployment	Employment arranged
1982.7	667	66	22	45	79
1983	1,173	373	86	85	418
1984	1,331	312	89	169	550
1985	1,757	359	36	80	998
1986	2,200	900	120		1,300

Employment Profile of the Disabled

(Percentage of employment: 24.5%)



Training Programs for the Disabled

Type of Disability	Training programs
Physically Disabled	Jewelry, sewing, printing, dress making, wood arts and crafts, watch and clock repair, seal engraving, gardening, electronic assembling, glove making, computer programing, mechanics, mother-of-pearl crafts (15)
Visually Disabled	Typing, massage, acupuncture, tuning, telephone operating, finger-pressure therapy, herb medicine (7)
Audio-lingual Disabled	sewing, printing, dress making, wood arts and crafts, knitting, metal-work, shoe making (7)
Mentally retarded	sewing, manufacture of ceramic ware, wood arts and crafts, farming, knitting, iron crafts, candle making, glove making, livestock, cement processing, artificial flower making, hair cutting, gardening, washing, mother-of-pearl crafts (15)
Physically and Mentally Disabled	computer programing, livestock, herb medicine, massage (4)

tion Center, opened in 1972, is the first vocational traning home where vocational training has been carried out exclusively through on-the-job training. The vocational training institute of Samvook Rehabilitation Center is the first institute authorized by the Ministry of Labour. Vocational training for workers injured in industrial accidents has been provided since 1983.

Thirty-five institutions operating vocational workshops have conducted practical traning for 1, 967 persons.

In March, 1985, 20 training centers discharged 450 trainees, 41 percent of them were employed and the rest continued working at the centers, worked privately, were retrained at advanced schools, or are waiting for employment. The Korean Society for Rehabilitation of the Disabled has undertaken a special promotion program for the employment of the handicapped by direction of the Ministry of Health and Social Affairs since 1982. The Society is providing counselling, evaluation, on-the-job-training and placement services.

To support this program, the Society has organized the Promotion Committee of Employment of the Handicapped, which consists of 25 members from various community organizations including the Korean Chamber of Commerce and Industry. The Society has 8 branches in each province and has been providing jobs for approximately 900 handicapped people each year with financial support from the government.

VII. Sports and Recreation for the Disabled

In Korea, the National Games for Spinal Paralysed Veterans was the first sports event for disabled persons, and the games have been held every year since 1967.

The Youth Games for Physically Handicapped Students have been held under the auspices of the Korea Polio Foundation since 1976, and the National Games for the Mentally Retarded and Phycically Handicapped Persons have taken place every year since 1981. Football games for the mentally retarded and the deaf are also held under the auspices of the Korean Association for the Mentally Retarded and the Korea Welfare Association of the Deaf.

Korean disabled persons take great pride in the selection of Korea as the host country for the 1988 Paralympics and are confident that it will surely mark an epoch-making development for the sports for the disabled.

Social and Economic Status

Category	Percent
Householder with Disability	36.7
Unemployed Householder	30.1
No income Earmer	12.5
Attending School (6-12 years old)	74.8
Non-medical Security	59.6

Regarding the recreation of the disabled, there were only a few small-scale programs before 1981. However, activities for the promotion of recreation programs have increased recently. Some recreation programs of non-governmental organizations are as follow ;

- Boy Scout camp for the handicapped, by the Boy Scouts of Korea.
- The Outtugi camp for the cerebral palsied, by the Korean Society for the Cerebral Palsied.
- National Badook Game for the Deaf, by the Korea Welfare Association for the Deaf.

- Mountain-climbing and Skiing for the physically handicapped, by the Korea Polio Foundation.
- Sports games for the disabled by the Civitan Club.

VIII. National Events for the Disabled

Voluntary organizations and special schools have held small or large events for the disabled since the 1981 International Year of Disbaled Persons.

1. The Conference on Rehabilitation for the Handicapped

Since 1981, the Conference on Rehabilitation for the Handicapped has been held on April 20, the day of rehabilitation, under the auspices of the Korean Society for Rehabilitation of the Disabled, sponsored by the Ministry of Health and Social Affairs, the Ministry of Labour, the Veterans Administration and the Korean Broadcasing System.

The purpose of this meeting is to realize complete participation and secure the rights of the disabled, and to encourage devotion to the welfare of the handicapped. A song in honor of rehabilitation was composed in 1981.

2. National Skill Contest for the Disabled

This contest has been held by the Korean Society for Rehabilitation of the Disabled, sponsored by the Ministry of Health and Social Affairs and the Ministry of Labour. The purpose is to provide more employment opportunites to handicapped persons by cultivating technical manpower. Through this contest the disabled can be inspired and can get social awareness of their situation.

3. National Games for the Disabled

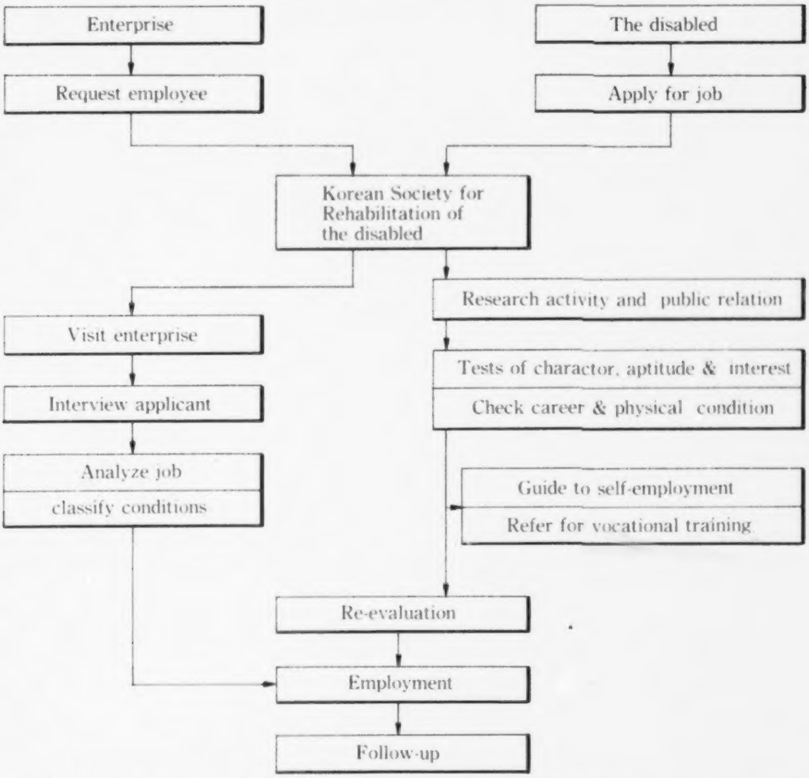
The national games for the disabled were held by the Korean Society for Rehabilitation

Number of participants and programs of National Skill Contest for the Disabled

	No. of participants	No. of programs
1981	216	17
1982	201	14
1983	195	15
1984	195	16
1985	260	20

Programs of National Skill Contest for the Disabled

Programs in National Contest	Programs in International Contest
Gold and silver smithing	Manufacture of furniture
Tailoring, Wood seal	Advertisement arts
Engraving light printing	Machine knitting, Wood arts
Seal engraving, Shoe making	and Crafts, Dress making, Lathe,
Piano tuning	Radio repair, TV repair, Hand
Traditional clothes making	weaving crafts, Typing,
	Computer programing


Enterprise
The disabled
Request employee
Apply for job
Korean Society for Rehabilitation of the disabled
Research activity and public relation
Visit enterprise
Tests of charactor, aptitude & interest
Check career & physical condition
Interview applicant
Analyze job
classify conditions
Guide to self-employment
Refer for vocational training
Re-evaluation
Employment
Follow-up

Process of Employment Arrengement

of the Disabled until 1984, when the Seoul Paralympic Organizing Committee (SPOC) for the 1988 Paralympics was established. Administration of the games was delegated to the SPOC so that they could accumulate experience for the preparation of the Paralympics from 1985 to 1988.

IX. Legislated Benefits for the Disabled

The Welfare Law for Mentally and Physically Handicapped Persons was enacted in 1981 to secure services for the disabled.

The outlines are as follows;

- Free provision of supporting devices for indigent disabled persons.
- Encouragement and promotion of employment of the disabled.
- Subsidies for indigent families of the disabled.
- Assignment of specialist officials in local government offices for the welfare of mentally and physically disabled persons.

1. Medical service

The Medical Insurance Act was promulgated for medical rehabilitation since 1984.

2. Education

The Promotion Law for Special Education was enacted in 1978.

3. Vocation

In accordance with the Job Security Law of 1982, fifty-two kinds of jobs have been selected in which priority of employment is to be given to the handicapped. Jobs are disignated for amputated veterans in the Employment Act for War Veterans. Massage jobs for the visually handicapped are reserved through Directives of the Ministry of Health and Social Affairs.

4. Others

The Inheritance Tax Law stipulates the reduction of inheritance tax to $5, 800 for the handicapped.

The Emigration Act authorizes the deaf and blind to emigrate abroad as they wish. Income Tax Law amendments have increased the amount of tax reduction for the handicapped from $ 140 to $350.

The Customs Tariff Law allows the import customs tariff on items required by the disabled to be paid in installments within 5 years.

The Road and Transportation Act was amended in 1981 to permit physically handicapped persons to hold driving licenses.

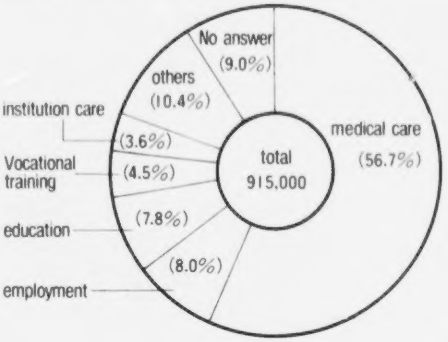
The visually handicapped in the community are supported with errand vehicles under the auspices of the Korea Welfare Society of the Blind, and Braille materials for the visually handicapped are mailed free of charge by the Post Law.

X. Current Problems and Proposals

The Rehabilitation division was set up at the Ministry of Health and Social Affairs in 1981. However, local implementing offices, including rehabilitation counselling services for the disabled are not set up, even though the Welfare Law for the Mentally and Physically Handicapped Persons stipulates provision of such services because the Law has only a few mandatory articles.

A more effective coordinating system among the Ministries and Departments is

Desires of the Disabled



required for the promotion of the welfare for the disabled. Disabled persons in Korea have had few chances to participate in national and local policy-making councils and there are no authorized government-level organizations composed of the disabled or their families. The lack of facilities for the disabled makes it difficult for physically handicapped students to attend ordinary school. And some colleges restrict the admission of handicapped students to certain departments, not because of academic ability, but because of the physical handicap. Improvements of the enviroment are to be made cooperatively by the parents, the students and rehabilitation officials. The quota system on employment, which now applies to injured veterans, should be extended to all the disabled.

Workshops for the severely disabled are also required. In Korea, there is a pressing need for rehabilitation services to be provided to the disabled at home, as well as the disabled at institutions. So the Korean Society for Rehabilitation of the Disabled has been operating Community Based Rehabilitation Services in a needy area since 1985.

The team is composed of a social worker, a nurse and a physical therapist. This program should be expanded to all needy areas.

by Korean Society for
Rehabilitation of the
Disabled.

REHABILITATION SERVICES FOR THE DISABLED IN MALAYSIA

Rehabilitation services for the disabled in Malaysia have come a long way since the pioneering efforts of the Anglican Mission for the blind in 1920 and the Government efforts for the care and treatment of leprosy patients in 1930. The early 50,s and 60,s saw of sudden growth of voluntary organizations and development of facilities for the disabled in the country such as day-care centres, institutions for care and training, education facilities for the blind and deaf. The Government on its part appointed social workers, placement officers, initiated voluntary registration of the disabled, introduced Sales Organisation for blind home workers and the provision of artificial aids to complement rehabilitation programmes operated by voluntary organizations.

The first official effort to ascertain the extent of disability in the population was undertaken in 1959. Even so, the study was restricted to four major groups of disabilities in Peninsular Malaysia, namely the blind, the orthopaedically disabled, the deaf and the mentally retarded. The survey revealed that 1 % of the population was disabled. Using this criterion and assuming that there have been no significant changes since in the disability trends, then there is an estimated population of 160,000 disabled persons in the country.

The current emphasis is on prevention, education, and early detection. The network of primary health care clinics play a very important role in prevention. Antenatal and postnatal care of mothers and children, and immunisation programmes and campaign greatly help in prevention and early detection of the disabled. Public education is promoted by the mass media which includes the radio, T. V. and national dailies and weeklies. Mass media is able to reach more than 80 % of the population in the country. Besides education, exhibitions which are accompanied with incentives such as free checking of blood pressure, eye sight, etc. are held periodically. Seminars, talks, filmshows and slides are shown on the subject. Education on the prevention of accidents and use of protective aids during working hours in factories and in other hazardous work situation is conducted.

Rehabilitation implies the restoration of an individual's efficiency and functioning. With the ultimate objective of returning him to the community as an independent and preferably a useful member of society. It is a complex process that involves not only the medical services but also educational, vocational and social inputs for total rehabilitation.

I. Health

During the past three ducades the Government has accorded high priority to the development of health and medical services in the country. In the social services sector, the Ministry of Health receives the second highest allocation of funds annually, the first being Education.

The strategies during the said period have been to modernise existing hospitals and to expand the rural health services in order that the population at village level will have access to medical and health services. The primary health care survey conducted in 1979/80 revealed that about 90% of the rural population in Peninsular Malaysia and about 65% in Sabah and Sarawak were accessible to static health services.

The Ministry of Health has endeavoured to improve coverage of basic health care to remote areas, especially in East Malaysia through the provision of mobile health services by roads, boats and helicopters.

The Maternal and Child Health Services continue to be given priority through which the greater part of the promotive and preventive activities are provided. These begin before the child is born through the provision of antenatal care. Among the major activities carried out by these clinics are screening for malnutrition and emphasis on nutrition education of pregnant mothers. Routine blood examination is done on mothers at risk. Follow up of babies born is also done to ensure that they are not infected, and if they are, to provide prompt treatment. In addition, developmental screening is done periodically and in the event of any infection or defects they are referred for treatment. Immunization against all major childhood diseases is available. All health staff are trained to detect defects and deficiencies in infants. Health education in the clinic setting is provided on an individual or group basis to mothers on the care of infants as well as preschool children.

The school health service teams have been strengthened. Presently there are 600 full time school health teams in Peninsular Malaysia. Routine screening and examination of school children is done initially by nurses. This is later followed up by doctors' routine examinations. Health instructions are given to school children regarding personal care and hygiene, avoidance of accidents and injury to the eye, nutrition, etc. all aimed at preventing diseases and accidents.

II. Education

The Ministry of Education takes the biggest slice of the annual expenditure for the social sector in Malaysia. Rapid progress has been made in the education system, since independence in 1957. At the same time, coverage has been greatly extended. However, development of provisions for special education for handicapped children is slow. Nevertheless, from the early 50,s voluntary organizations (NGOs) have pioneered in the area of special education. Recognising the need that without basic/sufficient education handicapped children would become a burden socially and economically on the State and society, Government has gradually assumed complete responsibilty for special education. It conducts some of the programmes itself and provides annual subventions to NGOs to run other programmes. These consist of residential schools and integrated programmes for the blind and deaf. Day classes for the mentally retarded and spastics are largely conducted by NGOs. The Government's Specialised Teachers' Training Centre trains teachers in the special education programmes to upgrade skills and improve the standard of education, in addition to training arrangements overseas.

III. Social

The primary objective of the Rehabilitation Services in the Ministry of Welfare Services is to enable disabled persons to become self-reliant, commensurate with their potential, through a range of programmes either in their own homes, in day care centres or in residential institutions. Apart from these, the Rehabilitation Services place emphasis on prevention of disability and early idenitfication in collaboration with other related agencies and Ministries. The promotion of voluntary organizations is another area of responsibility.

The major non-institutional activites include the registration of the disabled. It is undertaken on a voluntary basis. There are no mandatory regulations for the registration of the disabled. The supply of artificial aids to the needy disabled is another service of the Division. Launching grants are provided on a selective basis to trained handicapped persons to start small trades or businesses. The Placement Service assists trained handicapped persons to be placed in open employment and seek opportunities for on-the-job-training. The Sales organization helps market the products or handicrafts of handicapped persons as well as to obtain contracts for making of envelopes, rattan baskets, softtoys, etc.

Voluntary organizations have played a pioneering role in the development or services for the disabled in the country. Besides, they have succeeded in creating awareness of the problems of the disabled and their many unmet needs. NGOs today provided a wide range of caring, training and educational facilities in Malaysia. They complement in large measure the rehabilitation efforts of the Government in making the disabled useful members of Society. In turn Government supports their endeavours with annual subvention.

There are indeed few legislative provisions for the welfare of the disabled. Two significant pieces of legislation may be mentioned, namely the Employees Social Security Act 1969 and the Protection of Machinery Act. Through administative directives, artificial aids and equipment used by the disabled are exempted from import tax. Parents caring for and supporting disabled children above the age of 18 years are given income tax relief.

IV. Vocational Training

Vocational training facilities are operated by both the Government and the voluntary bodies for several disability groups. The facilities are either residential training, day training centres, or on the job training. The range and level of vocational training activities are so designed to meet the varying needs and abilities of the different handicapped groups. The main disability groups catered to are the blind, the orthopaedically handicapped, the deaf, the spastics, the mentally retarded and the epileptic patients.

V. Future

Comprehensive preventive measures taken by the Ministry of Health and other related agencies have yielded encouraging results. Although no surveys have been conducted recently to ascertain the current disability situation in the country, the current trends of few blind children enrolling in educational classes for the blind, and the declining number seeking admission to training and educational centres resulting from incidence of poliomyelitis, indicates the diminishing problem of disability from diseases and malnutrition.

On the other hand, during the past two decades there have been an increasing number of motor and industrial accidents resulting in permanent disability. Several prevention measures have been taken to prevent accidents such as improving roads, lighting, road signs and control of speed limits. Compulsory use of protective-aids for workers in factories have been introduced and is enforced. Current trends indicate that in the future disabilities arising from accidents would constitute a significant component of disability incidence in the country.

The community based rehabilitation programmes have been initiated in three States in Peninsular Malaysia and is being closely monitored. Community based rehabilitation programmes would be the main trust of rehabilitation in the future, if the current experiments prove successful. The advantages are that it is economical, involves the participation of the parents and the community in the rehabilitation on its own members. Thus the limited resources available for rehabilitation programmes can be harnessed and directed on those who actually require institutionalised treatment, therapy and training.

by Malaysian Leprosy
Relief Association.

DISABILITY PREVENTION AND REHABILITATION PROGRAMMES IN NEPAL

I. Country : Nepal

Situated between 26.22° and 30.27° North latitudes and 80.4° to 88.12° East longitudes, Nepal is a land locked country surrounded by Tibet region of PR China in the north and India in the east, the west and the south.

Two thirds of the topography is covered by hills and mountains. It accounts for about 83 percent of the total land area and the remaining 17 percent is occupied by the flat lands of the Tarai in the southern part of the country.

Area : 147,181 sq. km.

Population : 15,022,000 (1981 census)

Growth rate of population : 2.66 percent

Approximately 94 percent of the population lives in rural areas.

Literacy : 30 percent.

The country is divided into 5 development regions, 14 zones and 75 districts for administrative purpose.

Districts are divided into several village and town panchayats.

Total number of village panchayats : 4,018.

Total number of town panchayats : 33

Official language : Nepali

II. Magnitude of Disability

In Nepal disabled persons are thought to be stigma to the family, and the society looks down upon them and their families. This attitude led the families to hide the disabled persons from the society as long as they could causing difficulties in collecting correct information and data of disability in the country. However, since the last few years there is gradual change in the attitude. The problems of the disabled are realized by the society and possible efforts are put by all concerned to help the disabled in Nepal.

According to the sample survey conducted in Nepal during IYDP (1981) covering about 45,348 persons of 8,001 households in 12 Panchayats of 6 representative districts, the estimated percentage of disability is 3 percent of the total population. Thus the total number of disabled population is about 450,660 in the country. This is a conservative estimation and it is assumed that the percentage is higher than stated. It is much lower than the global average of 10 percent of the total pupulation.

III. Brief Review of Existing Services for the Disabled Persons in Nepal

1. Legal Protection

In different laws of the land (i. e. Muluki Ain & others) there are provisions to protect the interest of disabled persons. The disabled include mentally retarded, physically handicapped, blind, deaf, dumb, leprosy patients etc.. The main provisions give legal protection to the properties of the disabled and their legal representation in the court procedures and the legal duties of their parents and guardians or custodians. Another important provision is to provide food, clothing and living place to all kinds of disabled. The charitable approach of the law is appreciable but the aforesaid provisions are not effectively implemented by the govornment.

The provisions scattered in different laws of Nepal do not give emphasis on medical, vocational and social rehabilitation of the disabled. But the Act enacted by His Majesty's Government of Nepal, known as 'Disability Protection and Welfare Act. 1982' reflects the modern approach and is quite progressive. The highlights of the Act are :

—protection of the interests of the disabled,
—living with dignity for disabled persons,
—non-discrimination in admission in educational institutions and full freedom, —provision of scholarships,
—equal opportunity and equal pay in employment,
—5 percent of workers of employees to be handicapped,
—50 percent concession in travelling,
—income rebates, customs exemption fully or partially in aids, appliances and materials to be used by the handicapped,
—interest free or soft loan provisions to the disables for self employment,
—limb donation provisions,
—factories and industries to set apart certain amount for the welfare of the handicapped,
—provision for training to make the disables self reliant,
—collection of data concerning disabled persons,
—medical, educational, economic and social rehabilitation,

The Ministry of Labour and Social Welfare of the Government of Nepal is made responsible for the implementation of welfare programmes for the disabled in Nepal.

The Act is not yet implemented effectively. The efforts are made by all concerned to implement it.

2. Rehabilitation of the Disabled Persons

(1) **Medical Rehabilitation:**

It is available to a very limited number of the disabled persons in the country. Possible efforts are made to increase medical rehabilitation to the disabled persons.

Action to prevent disability is inadequate. The government hase vertical programmes for extended immunization, goitre and cretanism and leprosy control in the country. It is very much realized by all concerned that curative and preventive medicine have to go together.

(2) **Vocational Rehabilitation :**

There is very limited provision for vocational rehabilitation in Nepal. The available training opportunities in different trades, crafts and vocations are not adequate to the dinabled parsens scattered in different parts of Nepal. After training also, the job opportunity is almost non existent. Due to several factors self-employment for disabled persons is difficult.

(3) **Social Rehabilitation :**

Due to psychological problems the disabled persons are not easily accepteb in the Nepalese society. There is strong tendency toward segregation. However, after the IYDP the gradual change in the attitude towards the disabled persons has beens realized. There should be aw integrated approach in creating suitable environment of Living, Learning and Working.

3. Social Organizations for Disabled Persons

The important voluntary organizations working for the disabled persons in Nepal are as follows:

(1) **Nepal Disabled Association**

Established in 1969 and then known as Nepal Disabled and Blind Association;

It has 5 district branches one each in 5 development regions;

Objectives are to provide medical, educational, vocational and social rehabilitation;

- —Vocational trainings in bamboo works, tailoring, knitting, textile, typing are provided;
- —Produces orthopaedic aids and appliances,
- —Runs orthopaedic correctional hospital with 32 beds for children under 15 years with the help of TDH of Switzerland; since its inception in September, 1985 it has provided services to 2,336 children untill April 1986 which includes major／minor surgery, outpatients, etc. ;
- —Runs a hostel for the disabled (100 persons);
- —Manages Ryder Cheshire Home for 32 severely handicapped children; and
- —SOS Children Village - 4 families with 32 disabled children.

(2) **Nepal Association for the Welfare of the Blind**

Established in 1985, prior to this functioning as 'Centre for the Welfare of the Blind' as a branch of the Nepal Disabled and Blind Association;

Aims and objectives are to integrate the blind in society, help the blind become self reliant and economically active, protect their interests and prevention, control and cure of blindness;

About 125 blind and visually handicapped students are studying in 4 schools under the integrated education;

—Producing braille text books of different subjects, Abacus, slate, stylus, white cane etc.;

—Impart vocational training and rehabilitating them;

—Providing mobility training and orientation to teachers and trainees;

—Organized traffic weeks for the blind people.

(3) **Nepal Eye Hospital - Nepal Netrajyoti Sangh**

Established in 1974 as NEH and the Nepal Netrajyoti Sangh was organized in 1979;

Aims to educate the people about basic eye care, prevent blindness, providen curative services, establishes eye bank, maintains statics of the blinds;

Runs a full fledged eye hospital in Kathmandu - provided services to about 272,314 persons since its establishment upto the end of 1986;

In collaboration with His Majesty's Government and the WHO providing services to about 175,000 persons through its 13 centres in the country;

Every year through the Eye Camns about 300,000 persons get services;

Providing mainly curative and preventive coverage to the people.

(4) **Nepal Leprosy Relief Association**

Established in July 1969;

It has five district branches in Sunsari, Kathmandu, Kaski, Banke and Kailali;

Mainly working for the welfare and vocational and social rehabilitation of the leprosy patients in Nepal;

Managing two leprosaria, one in Khokana (Kathmandu) with 400 and Malunga (Syangja) with 100 leprosy patients previously run by the government of Nepal;

Running two hostels (one for 60 boys and another for 50 girls) for the children of leprony patients;

Running primary schools in the leprosaria;

Providing vocational training for about 50 persons;

There are little more than 100,000 leprosy patients in the country (0.7 % of the population);

The Government is providing medical services through its vertical project for controlling leprosy in 64 districts.

(5) **Nepal Association for the Welfare of the Hearing Impaired**

Established in October, 1984 but functioning as an adhoc committee since December, 1982;

It has taken the responsibility of running the schools (in Kathmandu, Bhairahwa, Surkhet and Rajbiraj) previously run by the Nepal Children's Organization;

The first school for the deaf and dumb was started in 1966 with 4 students by the Nepal Children's Organization;

Altogether 284 students are getting general and vocational education in the 4 schools;

Aims to provide preventive and curative services and vocational training in different trade and crafts.

(6) Nepal Association for the Welfare of the Mentally Retarded

Established in 1984 as an association;

Running a school 'Nirmal Bal Bikash' with 36 mentally retarded students since 1981 when the association was still in its formation stage;

It has five district branches in Bhaktapur, 15 students, Lalitpur-13 students, Chitwan-18 students and Kaski (Pokhara) - 12 students;

It has planned to start new branches in Dhanusa, Ilam, Rupandehi and Kallali diatriots;

Providing vocational training in envelop making, knitting, sewing and education in socialization;

Getting material help from the UNICEF and financial aid from the Norwegian Association for Mentally Retarded (Rs. 3.5 million for 5 years);

Government grant in aid is Rs 184,000. per year.

The aforesaid organizations are working under the Health Services Coordination Committee of the Social Service National Coordination Council. The nongovernmental organizations are trying their best to provide services to the disabled persons with their limited resources and manpower. The magnitude of the need and problems of the disabled in Nepal is extensive whereas the existing services for them and coverage are very much limited. They are in need of strong support to expand their organization and services and cover a large number of disabled persons.

(7) Special Education

Realizing the needs of the disabled children the Government of Nepal introduced a special education scheme in its National Education Plan (1971-76). The Special Education Council of the Ministry of Education and Culture of His Majesty's Government is financing the special education for the disables run by the government and nongovernmental agencies in the country.

(8) Establislment of Social Service National Coordination Council and Committees

With a view of coordinat diverse activities and of introducing a dynamism into social welfare in country, on 13 February, 1977 the Social Service National Coordination Council was constituted under the chairmanship of Her Majesty the Queen of Nepal. The Social Service National Coordination Act was enacted in September, 1977. Under the Council, the following six coordinating committees have been formed:

a) Health Services Coordination Committee
b) Women's Services Coordination Committee
c) Community Services Coordination Committee
d) Children's Welfare Coordination Committee
e) Youth Activities Coordination Committee
f) Handicapped Services Coordination Committee

(now amalgamated to Health SCC)

A new committee called Hindu Religions Services Coordination Committee was formed in September, 1985.

The NGOs working in Nepal are categorized according to their objectives and activities and placed under the aforesaid coordination committees, all the NGOs working for the disabled were put under the Handicapped Services Coordination Committee. But in September, 1985 there was a reorganization in committees and the Handicapped Services Coordination Committee was amalgamated with the Health SCC and all the social organizations related with the disabled persons were placed under it.

(9) **Creation of Labour and Social Welfare Ministry**

Only in 1982 His Majesty's Government created the Labour and Social Welfare Ministry with a view to develop and implement effective labour and social welfare policies and programmes in Nepal. As a new ministry it is gradually gaining momemtum and coordinating social welfare activities with the Social Service National Coordination Council. As envisaged in the 7th National Five Year Plan (1986-90) the ministry is going to play a vital role for the services planned for the disabled persons in Nepal.

IV. Review of Measures Taken Since 1982, for Disabled Persons in Nepal

1. IYDP and Its Impact

The observation of 1981, the IYDP as declared by the UNO has proved very successful in creating awareness concerning disabled persons and their problems, specifically disability prevention, rehabilitation and equalisation of opportunities for disabled persons in all sections of society in Nepal. The government of Nepal, people and different Voluntary organizations realized the magnitude of the problem and strongly felt the need of formulation of effective programmes and their implementation to resolve the problem. It is well realized by all concerned that 'Not Charity But Chance' should be the approach to the problem of disability.

During the IYDP, the national committee constituted for this purpose prepared suitable national plan of actions concerning disability in Nepal. The major areas of achievements were, the sample survey which gave rough idea of the number of the disabled and their problems in the country. The several seminars and discourses on disability highlighted the need and importance of medical, vocational and social rehabilitation of the disabled.

The government and nongovernment agencies started several programmes to highlight the needs and problems of the disabled persons and to motivate the people, the agencies produced different literatures, radio dramas, postage stamp, coin etc.. This indeed helped to educate the people.

2. Development of National Policy and Plan

For the first time in 1964 the Laboratory School in Kirtipur (Kathmandu) started education of the blind students in a small scale indeed. Thereafter realizing the urgency and necessity of special education for the blind, the deaf and the handicapped, the National Education Plan System (1971-76) made provisions for it. For this purpose in the National Five Year Plans - Fourth Plan (1971-75), Fifth Plan (1976-80), Sixth Plan (1981-85) considerable amounts were allocated for the special education. In the Seventh Plan (1986-90) extensive provisions are made for the alround development of disabled persons in Nepal. This includes that the government will undertake welfare services on its own and activate the non-governmental agencies by extending financial and other supports needed to strengthen and expand their services for the disables in the country. The policy and plan envisaged in the seventh plan is a laudable step taken by the government of Nepal. To achieve the goal of the plan and for the benefit of the target group enough resources and sincere efforts are needed. The national welfare plans and programmes have become the integral parts of the national plan.

3. National Disability Coordination Body

The Handicapped Services Coordination Committee was one of the main Committees formed under the Social Service National Coordination Council (SSNCC) in 1977. All the NGOs and governmental agencies working for the welfare of the disabled were coordinated by this committee. It was a liason between the government and the NGOs. Since September, 1985 this committee is amalgamated into the Health Services Coordination Committee (HSCC) and all the NGOs working for the cause of disability are placed under it.

Now there is no specific committee or body to look after or coordinate the organizations working for the disabled persons in Nepal. Considering the magnitude of the problems and the national and international programmes for disabled persons a special body like the dissolved Handicapped Services Coordination Committee is felt necessary.

4. Legislation

The 'Disability Protection and Welfare Act, 1982' is one of the important achievements of the IYDP. The provisions of the Act are already discussed above. For this His Majesty's Government of Nepal deserves credit and appreciation. But the effective implementation of the Act is still awaited. The concerned ministry of the government is designing to make necessary procedural arrangement to implement the law. If the law is properly enforced it will provide worth mentioning benefits to the disabled persons in Nepal.

5. Health Services and Disability Aids

The preventive and curative services are available within the existing health services of the government. But the coverage in very much limited. The vertical programmes concerning leprosy control, extended immunization and goitre and oretinism control projects of the government are providing services in the country. There projects have been related to the disability. In the nongovernmental sector the Nursing Home for Disabied Children run by the Nepal Disabled Association in collaboration with the Geneva based organization There d' Hommes is providing commendable services to the disabled children in Nepal since its inception in 1985. Similarly the Nepal Eye Hospital and its several satellite centres in different parts of the country are providing preventive and curative services to the eye disease patients. Its programmes for prevention of the blindness are operated in close collaboration with the WHO and other national and international sister organizations. The production of artificial limbs for physically disbled persons, white sticks and braille books for the blind and training in mobility and braille system are undertaken by a NGO in Nepal. But this is not adequate. Similarly limited number of hearing aids and machines to examine ears are available for the deaf. There is an acute shortage of trained manpower in these fields of services.

6. Education

There are five integrated schools for the blind in different parts of the country. About 140 students are getting education in these schools. Within the 7th Five Year Plan period 82 schools which can accomodate 656 blind students will be opened in the country. For the physically disabled children segregated and integrated education are available. But the coverage is very much limited. There are segrated institutions available for the mentally retarded children.

7. Employment and Income Support

Vocational trainings in different trades and crafts are available in Nepal for a limited number of disabled persons.Trained persons are employed in private, government, nongovernment offices, factories and corporations. Job placement even for trained disabled is difficult. The attitude towards disabled persons for employment is not yet favourable. There is provision of reservation of 5 percent job opportunity for the disabled in the Act of 1982 related to disability in Nepal. If this provision could be noticiably enforced it will solve the major problem of job placement. During the IYDP an economic unit for the employment of trained disabled persons was started by the Handicapped Services Coordination Committee. But due to several factors this could not be continued.

8. Environmental Access

In This field due attention is not yet given. Such access is not available in old constructions, however, in new construction of schools, campuses and factories such facilities are introduced gradually. The awareness concerning the necessity of environmental access for the disabled persons is developing but slowly.

9. Public Informations

The available mass media in the country which includes newspapers, radio, TV etc. are providing wide coverage of the activities and problems related to the disables in Nepal. They have helped positively in disseminating knowledge about disability in the country and creating awareness about the need of their rehabilitation and equalization of opportunities. The response and role of mass media is appreciable.

10. Personnel Training

Professionally trained hands are limited in Nepal. There is no training institution in the country and training for Nepalese in the fields of preventing disabilities is given in foreign countries. The UN agencies and friendly countries have been helping in making such training opportunities available. Because of these constraints we have not been able to have an adequate number of professionally trained hands and use their specialized services in preventing disabilities and improving the participation and full integration of disabled persons in community and national life. The possible efforts are put by the governmental and nongovernmental agencies towards three major factors - detection, prevention and cure of the disabled persons with their limited available manpower and resources.

The Tribhuvan University, the only university of Nepal has introduced social service courses in intermediate level in 1985 and is considering actively to introduce similar courses for higher level students. This provision of the university may be able to produce persons interested to work for the welfare of the disabled in Nepal. The social organizations and social workers have put their efforts to start an Institute of social work in Nepal.

11. Participation and Integration

Organizations related to disability enrolled disabled persons as their members and placed them in responsible positions. They are frequently invited to participate in seminars and discussions. The attitude of involving them in decision making procedures is encouraging. They are motivated to participate in planning, implementation and evaluation of the activities concerning disabled persons.

In line with the modern aparoach and trend, the main emphasis is on community based programmes rather than on institution based programmes for their total integration in the community and bring them to the main stream of the national life. The CBR Programmes are being launched through the cooperation of the UNICEF for the disabled persons.

12. Support Given to Organizations

Even before the formation of the Social Service National Coordination Council and its six Committees and the Labour and Social Welfare Ministry, the Special Education Council under the Ministry of Education and Culture was providing grants in aid to the institutions and voluntary organizations providing training and education programmes for disabled persons. Now the same fund of the ministries is channelled through the SSNCC. The financial support given to the organizations covers 50 to 75 percent of the annual recurring budget of the organizations. The volume of grant in aid depends upon the magnitude of the programmes undertaken by the organizations.

There is no organization of disabled persons organized by themselves for their welfare in Nepal. They are learning and preparing to organize gradually. But welfare associations have incorporated them in their decision making bodies.

13. Trust Fund for the Welfare of the Disabled

The establishment of the Trust Fund for the Welfare of the Disabled is the result of the IYDP (1981). The Fund was created in December, 1981, with objectives of providing permanent financial support for the welfare of the disabled, to the institutions and organizations imparting training and education, scholarships to disabled persons, for the physical, mental development and rehabilitation of the disabled, for research and data collection programmes related to disability.

The Principal amount of the Fund cannot be used. Only the interest received from the principal amount is being utilized for the activities. The Fund can accept contributions form individuals, organizations and national and international resources.

The Fund was initiated with Rs. 50,000. and the present amount is Rs. 2,300,000. During the last 4 years about Rs. 800,000. was spent for the welfare of disabled persons of Nepal.

There is a separate managing body of the Fund chaired by HRH Princess Shanti Singh.

14. Assistance Provided by the UN and International Agencies

The UNICEF and the WHO provided considerable assistance in the establishment of physical facilities, training of manpower, equipment and technieal assistance for different government and nongovernmental programmes connected with disabled persons in Nepal especially during the IYDP period. Besides this, many other international agencies, to mention some of them - International Human Assistance Program (USA), Ryder Cheshire Home (UK), SOS International Villege (Austria), There d'Hommes (Switzerland), Chrisioffel Blenden Mission (N. Germany), Swiss Red Cross, Norwegian Church

Aid, Operation Eyesight Universal (Canada), Andheri Hilfe e. v. Bonn (W. Germany), Norwegian Association for Mentally Retarded and Tokyo Helen Keller Association, extended their assistance for disability prevention and rehabilitation programmes in the country. There are many other participating international agencies for the welfare of the disabled in Nepal.

V. Assessment

While examining the activities and programmes operating during last few years we find several positive contributions in the services of the disabled persons. The major contribution is the integration of plans related to disability into the national development plan. Budget allocation of the government is increasing every year but still it is lagging far behind the needs of the disabled. In both sectors, government and nongovernment policies and plans are there, but strong and effective implementation is lacking. This has handicapped the achievment of the goals envisioned by the national and world programme action concerning disabled persons.

The services of the government and voluntary organizations have not been able to provide nation wide coverage. The disabled persons living in remote and inaccessible areas of the country are still deprived of these facilities. Because of financial constraints and lack of professionally trained personnels and technicians, the basic services needed for the disabled persons in the country cannot be expanded. At present the services are available in the capital city and some easily accessible areas of Nepal.

The enactment of law related to the disabled persons in 1982 and its provisions are encouraging but it is still an unrespected law and yet to be implemented effectively. The voluntary organizations should come forward to impress the government to enforce the law as soon as possible in order to solve the ever mounting problems of the disabled in the country.

The different aids required for disabled people are not adequately produced in Nepal. They have to be imported from foreign countries. It is high time to plan to produce aids locally and for this, UN agencies should extend technical and financial assistance to the agency concerned in Nepal.

The opportunity of education is increasing gradually for disabled persons but the coverage is very poor in proportion to the population of the disabled. There are different types of disabled persons but the education facilities and vocational rehabilitation for each type is not adequately available. A planned approach is needed for the expansion of the existing education and vocational facilities to provide wide coverage of the disabled.

It is still a problem to set suitable employment for trained disabled persons in Nepal. They are last to be hired and first to be fired.

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The job quota system as mentioned in the law is still not operative. In the existing situation of Nepal even for a normal person it is very difficult to get jobs. The government and nongovernmental organizations should encourage the disabled persons to be trained where the scope of self employment is large.

The experience of institution based rehabilitiation is not encouraging. Once the disabled persons are provided training in an instution with all available facilities, they prefer to stay in the institution and refuse to go back to their family and community and use their skills to earn their livelihood. To avoid such situations CBR should be encouraged. The experience of on going CBR pilot project should be shared by all concerned and used to develop suitable CBR programmes for implementation. The specialized UN agencies UNICEF, WHO, ILO, ESCAP and other international agencies should provide financial and technical cooperation. Compared with other countries Nepal has received much less support in this field.

The significant achievements so far made are the creation of public awareneess, establishment of specialized voluntary agencies, inclusion of disabled persons related programmes as an integral part of the national plan with allocation of resources, Act concerning disability and system of rewards and awards for social workers in recognition of their services, and the Fund for welfare of the disabled. To cope with the problems of disability and coordinate the national and world programme of action concerning disabled persons there should be a national body with full authority in Nepal.

VI. Identification of Priorities for Action

For the second half of the UN Decade of Disabled Persons the following suggestions should be considered at the national and regional levels.

1. At the national level

(1) To establish a rehabilitation unit or department under an appropriate ministry ;

(2) To establish a training institution or use existing academic institutions to train professional staff required for the organizations ;

(3) To provide adequate financial assistance and create necessary physical facilities, strengthen and expand the existing services for the disabled persons ;

(4) To develop a national plan of rehabilitation ;

(5) To emphasize vocational rehabilitation ;

(6) To expand coverage of disabled persons ;

(7) To encourage and give priority to CBR Programmes ;

(8) To develop mobile units to provide detection, prevention and curative services to the disabled persons living in different parts of the country ;

(9) To develop an integrated approach to the

problem of disability ;

(10) To constitute a National Advisory Council for the disabled persons ;

(11) To develop and strengthen the managerial capabilities of the NGOs ;

2. At the regional level

(1) To share the technical know how available in the region ;

(2) Developed countries of the region should come forward to participate in helping the developing countries.

(3) The UN agencies should provide adequate financial resources to the national voluntary organizations. For this they should develop a suitable mechanism to channel the assistance in consultation with the national government.

(4) To develop a regional training centre to train manpower from the countries of the region ;

(5) To exchange trained and resource personnel amongst the countries of the region ;

(6) The ESCAP should play a catalytic role in mobilizing the UN specialized agencies and the technically capable countries of the region to support the national efforts in the field of disability.

(7) To constitute a study group to evaluate the programmes developed and implemented under the national and world programmes of action concerning disabled persons in the countries of the region.

by T.R. Onta
Secretary General
Nepal Disabled Association.

REHABILITATION SERVICES IN NEW ZEALAND

New Zealand has over the years developed a mixed system of social welfare and rehabilitation services in which different sorts of organizations provide for the needs of people with disabilities. Government agency, voluntary or non-profit agencies, privately owned organizations, local authorities and self-help groups all participate in the rehabilitation process. Many non-goverment organizations are closely linked with government to supplement or complement its services or to provide alternatives and some act as substitutes for government services.

Different approaches are taken to meet the needs of people with disabilities and these are broadly grouped into Developmental Services, Remedial Services and Rehabilitative Services. Some developmental services focus on changing the environment and concentrate on community development, social planning or social change and some aim to equip people to manage their own lives better. Remedial services are designed to relieve problems which are hindering or disrupting peoples lives and are usually personalised. The aim of rehabilitative services is to minimise dependency and to develop independent and socially desirable behaviours.

The Department of Social Welfare provides some direct services and a third of its social work budget is distributed to other organizations to carry out indirect services. The Department of Health provides direct services mainly through health promotion activities and indirect services are provided to Hospital and Area Health Boards who support a variety of community services. Other government agencies that provide some services either directly or indirectly are the Departments of Internal Affairs, Maori Affairs, Education, Justice, Labour, the Housing and Accident Compensation Corporations, the Alcoholic Liquor Advisory Council and the New Zealand Lottery Board.

In recent times, as a result of concerns being expressed about current service delivery, major reviews of services have been undertaken. Consumer services concerns relate to accessibility, responsiveness to needs, continuity of services, comprehensiveness in range of services, effectiveness of service delivery and equity ie. a fair share of services to those who need them. Non-government organizations have also voiced concerns on continuity of service, the way in which services work together and the use of resources to achieve the best possible results.

These reviews during the period 1985 - 1987 have highlighted the need for rehabilitation services to be for more community based than has been previously known, the principle of normalisation to be developed in practice, the need to establish a nationwide system of information and advocacy services, the extension of services into the rural sector, the establishment of an integrated nationwide system of home and community-based support services, proposals to set up an office of disability and strengthen the umbrella organization of the disability sector and improve the coordination and support of the voluntary self-help sector.

Currently in New Zealand a Royal Commission on Social Policy is undertaking significant investigations into issues of social equity and the results of this work is expected to have a profound effect on rehabilitation planning for the future. Hundreds of submissions have been presented to the Commission from individuals, non-government service and support agencies, government agencies concerned with aspects of rehabilitation and from the wider community.

A major change is underway in the way hospital services respond to community needs. It is expected that over the next two or three years Area Health Boards will replace the current semi - autonomous Hospital Boards. The Area Health Boards are expected to be more responsive to community viewpoints and will incorporate health offices as well as hospital and rehabilitation services.

The Report of the Health Benefits Review (1986) "Choices for Health Care" examined the underlying rationale for state involvement in health and recommended broad principles and directions for reform. The review committee examined the two main ideological standpoints, community sharing of the costs of ill health and individual autonomy with people meeting their needs from their own resources. A third perspective was also identified which criticised the medicalisation of society and dependency on "experts", demonstrated dissatisfaction with large bureaucracies and demanded systems that take account of and react to the needs of local communities.

Probably for New Zealand, its people with disabilities, and all those involved in rehabilitation servicing, the most helpful practical development that is underway is the planning of a Community Services Management System model which when implemented will determine priorities for services, review service quality, determine duplications in services offered, allocate resources in accordance with needs of people with disabilities and make them responsive to community needs. A beginning is being made to ensure that equity, efficiency and effectiveness play a major part in future rehabilitation services. There is much to be done yet, but it is recognised by most New Zealanders that there are many improvements to current service delivery systems needed and the problems are being tackled with some will.

Mainstreaming in New Zealand education

is a reality. Yet even so, the issues of resource redistribution, the training of teaching staff and the special needs of those with hearing and visual impairments have yet to be fully resolved. The danger of closing down specialist facilities before the new systems are established are recognised and advocates for people with disabilities are letting their views be known to those with political power.

New Zealand continues to maintain liaison with the international agencies Rehabilitation International and Disabled People's International through Disabled Persons Assembly (NZ) and major interest agencies continue to maintain links with their international counterparts. These contacts continue to provide a valuable resource in the exchange of information.

by K.J.S. Munro
Chief Executivie Officer
Disabiled Persons Assembly
(NZ) Inc.

REHABILITATION IN PAKISTAN

I. Rehabilitation of Disabled People in Pakistan

The Directorate General of Special Education, entrusted with financing services for disabled adults as well as children, came into being in 1985. It has been able to establish special education centers for disabled children and training centers for disabled adults. It is committed not merely to care of the handicapped population but also to the development of their potential to the full.

In response to the United Nations Decade of the Disabled, the Government of Pakistan has formulated a national strategy concerning problems of the disabled and handicapped, involving both the Government and voluntary social organizations. A central agency has been created for policy formulation and implementation, and to coordinate with other government departments and non-government agencies. The national policy outlines a rapid expansion of existing services as well as the establishment of new institutions. Some of the highlights of the activities undertaken in the light of this policy are:

1. To evolve realistic estimates of the number of disabled persons, a pilot survey was conducted in Islamabad and Rawalpindi in 1986. Preliminary reports indicate that about 3% of the population are severely handicapped persons. According to calculations based on UNICEF figures, it is estimated that by the year 1992 Pakistan will have 4.6 million disabled children between the ages of 4-9 needing special education and rehabilitation services.
2. Realizing that even children with mild handicaps have an extremely high drop-out rate, a comprehensive plan was evolved to cover the needs of both severely disabled as well as for the moderately handicapped children. The Directorate General of Special Education has already set up six model special education centers for various disabilities in Islamabad and 42 similar centers are being set up at other sites. The Federal Government is also providing financial and equipment support to special education institutions set up by provincial governments and non-governmental organizations. A crash extensive training program for teachers and pro-

fessionals has also been undertaken through the National Institute of Special Education, Allama Iqbal Open University, and other centers.

3. The biggest constraint in developing disability and rehabilitation services has been the lack of trained personnel. The National Institute of Special Education (NISE) was established in 1986 to develop in-service training as well as new teachers in special education, training of master trainers for running various programs, and evaluation and research in the area of manpower development. Before the establishment of NISE, there was only one training college in the country for the teachers of hearing impaired children. One of the main objectives of these training programs is to create a cadre of master trainers in all the provinces of the country. Three universities will conduct training programs through distance learning programs, and NISE will in 1988 start a one year diploma course of a generic nature along with short-term programs in specialized areas.

4. The Pakistan Government took a revolutionary step in 1981 in promulgating the Disabled Persons (Employment and Rehabilitation) Ordinance. The main characteristic of the Ordinance is a 1% quota in employment reserved for disabled persons in public and private establishments. In case of non-compliance, establishments pay 1000 rupees in lieu of each vacant post for disabled persons to National Council for the Rehabilitation of Disabled Persons for every month. The National Council for the Rehabilitation of Disabled Persons was created under this Ordinance. Its functions are to formulate policy for the employment, rehabilitation and welfare of disabled persons; evaluate, assess and coordinate the execution of its policy by the Provincial Councils; overall responsibility for the achievements of the purposes of this Ordinance and for the survey of disabled persons who request rehabilitation; and the medical examination, treatment and training of disabled persons.

Since the creation of the Council, about 3000 petitions by disabled persons seeking employment were received and of these, 519 people were provided employment in public and private sector.

A scheme is being worked out with the ILO for vocational rehabilitation, envisaged to comprise a number of vocational training centers in both urban and rural areas to prepare young disabled persons for jobs in business and industry. After a careful evaluation by ILO experts in Pakinstan, establishment of special vocational rehabilitation training at the centers is considered necessary in first phase of the project. There is a reluctance on the part of local industries and businessmen to employ disabled persons and it may be necessary to provide techinical and financial support to the employers to win their confidence.

5. Pakistan, like all developing countries, is faced with the problem of paucity of funds and it is essential to tap special sources for developing new programs. Fortunately Islam

ordains special care of disabled persons and destitutes through the funds raised under the religious institution of Zakat. Every Muslim is required to contribute to this fund 2-1/2% of his accumulated wealth. A large portion of Zakat funds are being applied towards programs for the disabled population. In addition, the Government of Pakistan has levied an "Education tax" on the imports of all goods and the Directorate General has been assured a reasonable part of these funds.

Conclusion

There has been an encouraging and in some ways remarkable development in the disability field in Pakistan during the last decade. However, a large number of ambitious plans are awaiting implemention because of financial and technical constraints. The main impediment is the lack of relevant material and expertise. The gap needs to be filled with active collaboration of international agencies. Pakistan will heartily welcome support in this area of common global concern from friends all over the world.

by Directorate General for
Special Education, Islamabad
(quoted from "international
REHABILITATION review",
Second and Third Trimesters
1987)

II. Rehabilitation Resources in North West Frontier Province Pakistan

1. Ten Years Ago ...

Ten years ago the active rehabiltation resources in the North West Frontier Province of Pakistan were few. The Provincial Government ran a Blind Institute in Peshawar and schools for the deaf at Peshawar and Abbottabad. The main Government hospitals provided some orthopedic, ENT and eye surgery. Some preventive immunization took place. In the non-Government sector, a playgroup for mentally handicapped children functioned at the Mental Health Centre, Peshawar. An association of blind persons was based at Peshawar. One private school in University Town Peshawar took a percentage of disabled children for integrated education. Less than 50 people were employed in rehabilitation work. The daily total of disabled persons receiving formal rehabilitative treatment was below 150. The greatest actual resource for rehabilitation, then as now, was the efforts of disabled persons themselves and their families in the home.

2. Mid 1987 ...

By August 1987, the picture has improved. The Provincial Government opened an Institute for the Mental and Physical Handicapped in Peshawar, another deaf school at D.I. Khan catering also for some blind pupils, and schools for the blind at Mardan and

Abbottabad. Artificial limb workshops were added to the Khyber Teaching Hospital and the Lady Reading Hospital, Peshawar. A course for Physiotherapy Technicians ran for a while, but has encountered some difficulties. A Welfare Home at Jehangirabad, Peshawar, is giving residential vocational training to some physically disabled young men. The Expanded Poly-Immunisation scheme has been given impetus, in order to prevent the next generation of disabilities.

The Federal Government has also recently embarked upon an ambitious institutional program, with a special school for physically disabled pupils opening in rented buldings in University Town Peshawar, and preparations for special schools in all the major towns of NWFP. Some delay has been experienced because of a shortage of adequately qualified staff.

The private sector has also advanced. A large new Paraplegic Centre at Hayatabad, Peshawar, is serving both Afghans and Pakistanis, under the Red Crescent Society. A physiotherapy clinic at the Mental Health Centre, Peshawar, is treating both refugees and local children with physical disabilities, and runs a small prosthetics workshop. At Mardan, a Centre for Speech and Hearing has been started for pupils having speech and hearing impairment, by a local association. This Centre also provides courses in basic speech therapy on a national basis, sponsored by the Federal Government. Orientation and Mobility training courses for blind adults have been started in Peshawar by a refugee aid agency.

Schools for mentally handicapped pupils have begun at Mardan, University Town Peshawar and Mansehra, under local associations. The first two also provide some physiotherapy and the third caters also for deaf pupils. The Mental Health Centre playgroup has become a special school for mentally and multi-handicapped pupils, with family counselling service and staff training program. More than 70 staff have received short orientation courses or longer training at this Centre, as special teachers or physiotherapy assistants.

The Frontier Association for the Mentally Handicapped in collaboration with UNICEF and the Mental Health Centre has run a community rehabilitation development project resulting in the formation of associations for the welfare of the handicapped in D.I. Khan, Karak Kohat, Peshawar (Bara Gate), Nowshera and Mingora. These associations have opened small rehabilitation centres, catering principally to physically disabled children. Staff for the centres received initial training at the Mental Health Centre, and have been under regular supervision. Some of them have attended short courses run by the Federal Government.

3. Quantity, Quality

At least 200 rehabilitation staff are now employed in the above centres and the total of disabled persons receiving rehabilitative treatment exceeds 1,000 daily. In addition, a large number of disabled pupils are receiving education in normal schools: a survey showed that 2% of the enrollment of ordinary schools are appreciably disabled, suggesting that on a Province-wide basis at least 30,000 disabled children are casually integrated.

Although facilities have increased, the number of disabled persons hugely exceeds the currently active resources. The quality of rehabilitation is patchy. Most of the centres are running with semi-trained staff. Information supply and family counselling services are poor. Vocational training, occupational therapy and transitional employment schemes hardly exist. Adaptation of the social environment towards integrating disabled persons has not begun. Disabled persons themselves and families affected by disability have yet to make their voices heard in the planning and conduct of the rehabilitation facilities.

by M. Miles
Adminstrator of the Mental
Health Center, Peshawar

REHABILITATION IN THE PHILIPPINES

I. Legislation and Public Administration

Concern for the welfare of the disabled persons in the Philippines began as early as 1917 when the Philippine Government adopted the Revised Administrative Code which provided for compensation benefits during the period of disability. The 1940's, 50' and 60's ushered in important legislations which gave impetus to the rehabilitation of the disabled persons in the country. Foremost of these are:

(1) Commonwealth Act No. 3203 which provides for the care and protection of the disabled children;

(2) The Republic Act (RA) No. 65 known as the Bill of Rights passed in 1946 for the social and economic restoration of disabled veterans and government responsibility;

(3) The R.A. No. 117 of 1954 creating the office of Vocational Rehabilitation of the Social Welfare Administration for the purpose of restoring the disabled persons to a useful role in society by providing rehabilitation and placements;

(4) The R.A. No. 2615 amending RA 1179 creating the National Council on Rehabilitation charged with updating and coordinating all government and civic programs and setting up the nine regional training centers to serve the disabled persons in the rural areas;

(5) The RA. 3562 providing for the education of the blind of the Philippines; and

(6) The Labor Code of the Philippines which set provisions for disability and rehabilitation services.

The Second International Conference on Legislation Concerning the Disabled last June 16-20, 1976 which was hosted by the Philippines under the auspices of the Philippine Foundation for Rehabilitation of the Disabled (PFRD), orchestrated the creation of the National Commission Concerning Disabled Persons under the Presidential Decree 1509.

Following the observance of the International Year of Disabled Persons in 1981, the Philippine National Plan of Action for the Decade of Diabled Persons adopted legislation as one of its general strategies to strengthen the legal bases for disability prevention and rehabilitation and protection of the right of disabled persons.

The National Commission Concerning Dsiabled Persons (NCCDP) now the National Council for the Welfare of Disabled Persons(NCWDP) entered into contract the service of Atty. Esteban Bautista of the University of the Philippines Law Center to reupdate, annotate and compile all laws, proclamations, decrees and administrative issuances concerning disability. In this research, it was reported that legislation for the disabled persons can be classified under two categories: the General and the Specific. General legislation includes international policies adopted by the UN on the rights of the disabled persons as well as national policies enunciated by the constitution as well as those laws and administrative issuances passed by the legislature. Specific legislation includes particular and special laws for specific disability groups.

II. The Accessibility Law

One very important legislation that afforded equal opportunities and full participation of disabled persons is the approval of Batas Pambansa Blg. 344 or the Accessibility Law. This is An Act to Enhance of the Mobility of Disabled Persons Requiring Certain Buildings, Institutions, Establishments and Public Utilities to install Facilities and Other Devices. This is coordinated by NCWDP with the Department of Public Works and Highways (DPWH) and the Department of Transportation and Communication (DOTC) as implementing agencies. The Philippine Instrument for Accession to the Protocol to the Florence Agreement on the Importation of Educational, Scientific and Cultural Materials for the Blind and other disabled persons was signed for deposit in the United Nations. One important feature of this is the tax exemption on customs duties of materials for use of disabled persons.

III. Constitutional Mandate on the Rehabilitation of the Disabled

The Constitutional Commission of 1986 promulgated the Constitution of the Republic of the Philippines and was ratified during the plebiscite last February 2, 1987. The Constitution was made on the basis of a just and humane socity for the common good. Several provisions embodied in the 1987 Constitution are concerned with the disabled sector. Section 13 on Health policies specifically mentions that the"State shall establish a special agency for disabled persons for their rehabilitaion, self-development and self-reliance, and their integration into the mainstream of society." Section 2 of Education policy also states that "the State shall provide adult citizens, the disabled, and out-of-school youth with training in civics, vocational efficiency, and other skills."

IV. The National Council for the Welfare of Disabled Persons

As a springboard to the above mentioned provisions of the Philippine Constitution an Executive Order No. 123 was signed by the President of the Phiippines on January30, 1987 creating the National Council for the Welfare of Disabled Persons. Another Executive Order No. 232 was signed by the Philippine President last July 1987 providing for the structural and functional reorganization of the National Council for the Welfare of the Disabled Persons and for other purposes.

V. A Congresswoman Representative of the Disabled Sector

The advocates of welfare for disabled persons scored another victory with the appointment of a representative of the disabled sector to the House of Congress which opened last July 27, 1987.

VI. Medical Rehabilitation

1. Medical Policies

Explicit provisions concerning the medical and rehabilitation needs of employees, particularly in the area of occupational health and safety are incorporated in the Labor Code. Although these provisions already fall under the administration of the labor authorities as part of the national labor and employment scheme, they are classified as medical in nature since their end is to ensure the health and safety of employees. Foremost of these laws are: The provision for the maintenance of a health machinery within an establishment; the provision to install safety and health accomodations to safeguard employees against occupational hazards and accidents; the provision to entitle an injured employee to medical services during these subsequent period of his disability.

2. Medical Services

Medical rehabilitation services, though limited in reach and technology, are available through the Department of Health.

For the physically disabled, the National Orthopedic Hospital (NOH) renders rehabilitation services. Its Rehabilitation Department maintains a Spinal Center, Occupational Therapy Services.

Other services at the NOH include Psychological and Vocational Guidance, Medical Social Services, Remedial Gymnasium and School for Crippled Children. NOH exercises technical supervision over other shops in various regional and city hospitals engaged in prosthetic parts repair. Besides the NOH, the Baguio General Hospital is the country's only government regional hospital which provides rehabilitation services for the physically disabled persons.

The Department of Health maintains services for other forms of disabilities. In the country's leprosaria, there are occupational therapy programs aimed at integrating the rehabilitation activities under the general health services. The National Mental Hospital conducts similar services for the mentally ill and its recovered patients. The Department also takes part in the rehabilitation of drug addicts, nutritionally deprived children and tubercolosis patients.

Other govenment agencies not under the Department of Health which have rehabilitation programs are the Philippine General Hospital (PGH) the Quezon Institute (QI) and the Armed Forces. The PGH runs the School of Allied Medicine Professions of the University of the Philippines. Its Rehabilitation Department provides a comprehensive management of patients with impairment and disability. It is also engaged in technical/medical training, rehabilitation research and studies and provides services in Occupational Therapy, Phyical Therapy, Speech Therapy and Social Services. The Quezon Institute has physical therapy services for its patients while the Armed Forces has facilities at the AFP Medical Center and the Veterans Memorial Center which provides medical services for military personnel and war veterans only.

The private sector has set up hospitals/clinics which have rehabilitation or, at least, physical therapy services in other areas of the country mostly in Metro Manila and large urban Centers.

One of the leading civic, non-governmental agency that provides total rehabilitation services to the cerebral palsied in the Philippines is the ELKS CEREBRAL PALSY PROJECT, Inc. Established in 1956, it has served more than 8,000 children or 10% of the estimated number of 80,000 cerebral palsied children and adults. Services includes, medical & surgical treatments, physical therapy, occupational therapy, speech therapy, special education (three classrooms with enrollment of 50), psychometric evaluation, and vocational rehabilitation. It also provides clinical training to doctors, PT & OT students, and speech therapy from several schools. Public information thru media, seminars, and lectures are part of the program.

Aside from these hospitals and centers, there are a number of private association's which render medical services. Most notable of these are the Philippine Foundation for the Rehabilitation of the Disabled (PFRD) and the Philippine Band of Mercy.

The Philippine Foundation for the Rehabilitation of the Disabled, Inc. (PFRD) a private non-profit, non-stock membership organization, was founded by a group of prominent civic leaders, businessmen and concerned citizens in 1949. Its primary objectives were to promote the rehabilitation of the disabled throughout the country and to create and sustain a national awareness of the problems of disability.

The Foundation maintains continuing programs in all the major areas of rehabilitation: medical, social, vocational, special education and sports development and recreation. To implement these programs are Standing Commissions and Committees composed of volunteers who provide the required technical and social services. In addition, it maintains contacts and works with local and international organizations involved in rehabilitation.

Community-based rehabilitation services are being conducted in some selected sites in the country. The program's general concept is to effect self-rehabilitation by training disabled persons themselves, the members of the families and the different community resources in the rehabilitation procedures.

Today, an effective referral network and service delivery system remain an important challenge to all service providers and planners to increase access to the majority of the country's disabled population.

VII. Education of Disabled Persons

1. Educational Policies

The Civil Code of the Philippines provides that every child has the right to live in an atmosphere conducive to his physical, moral and intellectual development.

Although there are not many educational policies for the disabled people, one worth mentioning is the provision in the Child and Welfare Code which states that specialized educational services shall be expanded and improved to provide opportunities to disabled children equal to those given to the normal ones. Another policy regrding the whole system of education affecting the disabled is contained in the Letter of Instruction (LOI) 607 which seeks to integrate public and private educational institutions through coordination and complementation of efforts.

2. Educational Services

The Department of Education, Culture and Sports, the organizational umbrella governing all educational institutions, both public and private (except city universities with their own charters), recognizes the fact that

Drawing pictures by foot

the disabled have the same right to education as normal persons have.

Special Educations (SPED) has been given the much needed boost to the increasing needs of the disabled persons in the past decade although the early beginning of SPED in the Philippines could be said to have started in the establishment of the School for the Deaf and the Blind in 1907. In support of Republic Act 3562, "An Act to Promote the Education of the Blind in the Philippines," the Philippine Printing House for the Blind was established to produce braille books and other teaching materials.

Presently, several educational programs and services are being developed and undertaken in all the thirteen regions of the country. The ultimate goal of SPED in the Philippines is the integration and mainstreaming of learners with special needs into the regular schoool system and the community. For this purpose, a Handbook of SPED and Policies and Guidelines were completed by the SPED Division, Bureau of Elementary Education, Department of Education, Culture and Sports.

One thing worth mentioning in this regard is the long range project of SPED - the Community-Based Educational Rehabilitaion with the greater involvement of community volunteers, parents and other family members of persons with disability.

3. Vocational Rehabilitation

Vocational rehabilitation services for disabled persons in the Philippines started in rehabilitation centers which are typically multi-disciplinary and are usually situated in urban centers.

In 1954, Republic Act 1179, the Vocational Rehabilitation Act, was passed and it stipulated for the provision of vocational rehabilitation for the blind and other handicapped persons and their return to civil employment. It also provided for the establishment of a pilot rehabilitation training center under the administration of the Social Welfare Administration now the Department of Social Welfare and Development (DSWD). Three vocational rehabilitation centers were subsequently set up, each one strategically located in the different regions.

The concept of vocational rehabilitation is a continuous process designed not only to train the disabled persons but also to give them permanent tenure in thers jobs. It is more concerned with the acquisition of productive skills and positive work habit through training or retraining to develop residual capacities preparatory to employment. Aside from practical skills development, provisions on assessment and guidance, social adjustment and job placement are given important impact in the vocational rehabilitation.

Vocational rehabilitation is implemented through:

(1) Center-based training where the disabled person undergoes vocational training in a rehabilitation center for a period ranging from 3 months to a maximum of 1 year with training allowance of 5.00 pesos a day.

(2) Community-based training where the disabled persons acquires productive skills or hones one innate capability in his own community.

4. Income Maintenance

The Philippine government recognizes the importance of economically sound individuals, including of disabled persons. And this gave rise to several laws and agencies which gave impetus to the rehabilitation of disabled persons. The Republic Act No. 610 entitled "An Act to Porovide for Gratuities and Pensions for Officers and Enlisted Men who die or are disabled as a result of war and injuries received in sickness/disease incurrd while in the Active Service of the Armed Forces of the Philippines or the Police Constabulary" was passed in 1951. Employees in the private sector were provided with benefits for sickness, unemployment, retirements, disability and death when the Social Security Act created the Social Security System (SSS) in 1954. The government further showed its concern for employees in the issuance of the Labor Code of the Philippines which contained provisions on occupational health and safety of employees, training and employment of handicapped workers, medical rehabilitation and disability benefits to the injured disabled employees.

In 1974, the SSS and the Government Service Insurance System (GSIS), the insurance arm for government employees, promulgated the Implementing Rules and Regulations in terms of coverage, registration of employees, compensability, liability, employer's contribution and income benefits. It has been found necessary to revise the Labor Code of the Philippines to support the national policy to promote a tax-exempt employees compensation program whereby in the event of disability or death, employees and their dependents may promptly secure adequate income benefits as well as medical and other related benefits.

5. Welfare Services

The Department of Social Welfare and Development (DSWD) is the main branch of the Philippine government responsible for the development, administration and implementation of a comprehensive welfare program in the country, particularly the disadvantaged group, e.g. the economically needy; the socially needy; and the handicapped, either physically or mentally. The DSWD's programs and services include disability prevention and rehabilitation. In rehabilitation, the Department puts more emphansis on the area of vocational and social aspects.

The main objective of the rehabilitation program is to develop a comprehensive rehabilitation program for disabled persons and special groups in order to enhance their capacity to attain a more meaningful, productive and satisfactory life and ultimately become self-reliant and contributing members of the society.

The DSWD's target clientele are the disabled persons to include the blind, deaf, orthopedically handicapped, the harelip, clef palate and the arrested TB cases. It also gives special consideration to special groups such as the improved mental patients., mentally retarded, negative hansenites, released prisoners, recovered drug dependants, alcoholics, socially disadvantaged women, mendicants, aged and released political detainees.

The DSWD Welfare programs include:

— Selective employment - the acquisition of suitable, regular and gainful employment in accordance with the client's capacities, abilities and training. The clients are accordingly nominated to the different outlets for gainful employments: open-employments, self-employment, and sheltered employment.

Special Projects include:

— Community-based rehabilitation projects including

(1) community-based vocational rehabilitation for disabled persons on ILO-UNDP assisted projects.

(2) rehabilitation of the rural blind pilotted in 1978 with Helen Keller Inc. (HKI) - USAID support;

(3) community-based training for the hearing impaired

— Anti-Mendicancy programs

— Federation of Senior Citizens Association of the Philippines

— Special Services for released Political Detainees and their Families

— Production Centers for Disabled Persons and Special Groups with technical assistance and monitoring service provided by the Bureau of Welfare for Disabled Persons of the DSWD

— Funding Assistance and Grants-in-Aid to voluntary group and agencies and local governments to implement rehabilitation

— Operation and maintenance of the Rehabilitation Facilities under the direct supervision of the DSWD regional offices such as the National Vocational Rehabilitation Center (NVRC), Area Vocational Rehabilitation Center (AVRC), Rehabilitation Sheltered Workshop (RSW), Jose Fabella Center (JFC), Malaya Center (MC), Halfway Homes for Released Prisoners and Recovered Mental Patients and Regional Center for Drug Dependents.

All field units of the 13 DSWD regional offices have also many rehabilitation programs; likewise other programs are implemented by other government, private and religious groups.

VIII. Physical Environment

The Philippine Government recognizes the importance of a barrier-free physical environment for the disabled persons. However, too often, the exercise of equal rights and opportunities of disabled persons are hampered by physical and social barriers. Towards this end, comprehensive efforts have been directed to promote accessibility and minimize pollution and environmental hazards. Massive information drive on safety and health measures to reduce incidence of disability have been an on-going process conducted by both GO's and NGO's.

The passage into Law of Batas Pambansa Bilang 344 entitled, "An Act to Enhance the Mobility of Disabled Persons by Requiring Certain Buildings, Institutions, Establishments and Public Utilities to Install Facilities and Other Devices," has been a milestone in the country's efforts to give disabled persons access into the nooks and corners of the social mainstream, and to provide them with opportunities to participate in the normal activities of the general public. The Implementing Rules and Regulations (IRR) of the B.P. 344 otherwise known as the Accessibility Law have been issued jointly promulgated by the Department of Public Works and Highways and the Department of Transportation and Communications in coordination with the National Council for .the Welfare of Disabled Persons. To date, over fifty (50) institutions and establishments have been awarded the International Access Symbol of Rehabilitation International having complied with the requirements of the IRR. Further, to support the Law, the NCWDP provided the public information/advocacy drive in addition to its networking with concerned agencies. Civic, professional and religious clubs and organizations support the promotion and enforcement of the Law in schools and in other projects undertaken by them.

IX. Professional Training

The Philippine Government recognizes the need and importance of training and orientation of rehabilitation of personnel to provide them with the basic knowledge and techniques in disability prevention and rehabilitation. Several institutions have their own way of training rehabilitation personnel but this is pursued rigorously by the National Orthopedic Hospital and the University of the Philippines-Philippine General Hospital (UP-PGH) Department of Rehabilitation who are accredited for the purpose. The UP-School of Allied Medical Professions and the Special Education Department of the University of the Philippines and the Philippine Normal College (PNC) have engaged in teacher training and manpower development. Paraprofessionals such as volunteers and community workers are also provided with basic training skills to provide support to the professional workers. This is provided through the Community-Based Rehabilitation projects to reach even those voluntary workers in the rural areas.

Scholarships for Masteral degree in special education at the UP and PNC were granted for teachers who are teaching or will teach SPED classes in their respective region/school. The Philippine Decade Plan has developed a comprehensive human resource development program.

Through the technical cooperation program, a Regional Fellowship for National Planners responsible for planning and organizing disability prevention and rehabilitation services was held last 9-27 June 1986 sponsored by the Economic and Social Commission for Asia and the Pacific (ESCAP) in cooperation with the Philippine Government through the Technical Cooperation Center of the NCWDP. Six delegates from Bhutan, China, Malaysia, Western Samoa and Thailand, four from the different local departments and two from non-government organizations (Christoffel Blindenmission and Disabled Peoples International) participated in the program.

X. Disabled Persons Movements

Several organizations of and for disabled persons have been organized in the Philippines since the 60's but it was only in 1983 when a National Congress of the Disabled was held to establish a national assembly of all disabled groups from the different parts of the country. It was envisioned that disabled sectors should have a comprehensive and strong voice in the country and to have equal rights as Filipino citizens.

Collective and individual appeals and movements have been elevated to concerned government bodies to press for more responsive programs for the disabled.

Foremost among the disabled groups is the"Kilusang Lingap ng Bayan para Sa Maykapansanan"or "LINGAP" made up of members of the different organizations for/of the disabled. This is a vigilant group which is aware of their basic rights in the society. It had been advocating national campaign for peaceful reforms in the country. Informal meetings, chats and brain storming had been conducted with the hope to improve the lot of disabled persons. In 1981, LINGAP conducted a "Welcome March" which consisted of dialogues and came up with a manifestos on reforms. These manifestos were presented to the different government sectors like the labor, health, education and social services for explicit actions for the disabled.

Another movement which was very critical with government agencies concerned with the disabled like the DSWD and the NCWDP was the Ugnayang Maykapansanan or "UPAK." It suggested that these agencies had been inadequate in their performance of the job and recommended that all agencies serving the disabled sector should be consolidated into one and that only disabled persons should be qualified to work for this agency.

A very recent organization of disabled persons, the Democratic Integration Social and Spiritual Advancement for Better Living and Economic Development or DISABLED, INCORPORATED was formed by some disgruntled members of LINGAP. This was duly registered with the Security and Exchange Commission last May 21, 1987 with one big objective to establish and to strengthen the regional, provincial, municipal and city chapters of the organization. Aware of the need for a strong leadership, DISABLED, Inc. conducted a Seminar on Organization Management and Leadership for Disabled Leaders last 20-23 August 1987. This was funded by the UN Center for Social Development and Humanitarian Affairs (CSDHA) with 30 disabled leaders from the different regions of the country participating. This is a very moderate group but also vigilant and vocal in their demands for the improvement of their lot.

Whatever manifestos/demands these groups have are strong indicators and good references for planners, policy makers and program implementors. It is envisioned that in the Medium Term Plan, which is being developed for 1987-1992, full participation and equalization of opportunities as embodied in the World Program of Action will be projective of these particular concerns.

XI. Issues and Problems

A new era for the disabled sector has begun. The new government, realizing that equalization of opportunities and full participation of the disabled sector into the mainstream of society, appointed a sectoral representative for the disabled to the House of

Congress. But with the present state of the Philippine economy, the budgetary allocation for social services will not be significantly increased. The use of indigenous technology and the optimum use of scarce resources must be optimized. But it cannot be denied that programs and services need to be funded and developed.

Although significant improvement on the physical environment had been done by the government, more funds are needed for the implementation of the Accessibility Law nationwide. Likewise, there is seemingly no cooperation or awareness on people concerned about the Law and its implementation.

Although, rehabilitation programs in the country have substantial improvement, there is a lack of government funds for basic equipment and facilities in depressed areas and regions where the prevalence of disability is high. A great need for networking of service providers and concerned agencies should be established and maintained. The CBR projects of both NCWDP and DSWD had been successful only on select areas. Due to the sudden turn of events, former local leaders had been changed. Another orientation and information campaign is of great necessity for the CBR projects to thrive.

The lack of public understanding as to the causes and effects of disability is still a big factor to the continuing causes and effects of disability in the rural areas despite attempts to reduce the level of ignorance and false beliefs. The disabled groups had shown discontent and lack of appreciation and acceptance on some programs by agencies concerned despite the fact that the disabled sector are the main beneficiaries of these services.

Yet in spite of the odds, the government agencies like the NCWDP and the DSWD have come up with more positive programs and projects for the disabled sectors. There has been redirection of thrusts and review of national priorities where specific portions pertaining to the disabled are presented. Likewise, the new Philippine Constitution specifically mentioned the importance of more aggressive and constructive programs of the disabled.

With this optimistic note, the Philippines hopes to establish more practical services for the disabled Filipinos, to reach more beneficiaries and, reiterating the new constitution, policy makers will be able to create a just and humane society for the common good.

Philippine Foundation for the Rehabilitation
of the Disabled, Inc. (PFRD)
Based on a Country Report prepared by
Celina T. Tolosa and Marilyn Deocareza

REHABILITATION SERVICES IN SINGAPORE

I. Introduction

The social services in Singapore are co-ordinated by two main organizations, the Singapore Council of Social Service (SCSS) and the Ministry of Community Development (MCD). The SCSS is the national co-ordinating body of all voluntary welfare organizations.

Under its umbrella, the SCSS has 165 affiliates, out of which 16 are providing direct and/or indirect services for the disabled.

II. Profile of Disabled Persons in Singapore

The MCD keeps a Central Registry of Disabled people (CRDP).

The major disability groups in Singapore comprise the Spastic, Intellectually, Hearing, Visually and Orthopaedically Disabled. Using the approximately 12,000 cases registered with the CRDP (as of June 1987) as the basis, it was found that the Intellectually Disabled makes up 35 % of the disabled people category. The Deaf, 25 %; the Orthopaedically Disabled, 12 %; and the Blind, 10 %. (Please see Table 1)

Table 1 Distribution of Disabled People by age group and Nature of Disability AGE GROUP

Nature of Disability	0−5	6−12	13−17	18−54	Above 55	Total	%
Intellectual	129	989	720	2,382	23	4,243	35
Hearing	73	259	259	1,827	556	2,974	25
Musculo-Skeletal	1	5	5	1,284	170	1,465	12
Visual	6	59	45	579	492	1,181	10
Neuro-muscular	19	131	160	544	28	882	7
Psychiatric	0	0	0	701	230	931	8
Multiple-disabilities	43	56	29	171	28	327	3
Others	0	0	0	7	4	11	0
Total	271	1,499	1,218	7,495	1,531	12,014	100

Services and programmes for the disabled are aimed at helping the disabled to be self-reliant and to develop their maximum potential and abilities. They are all provided for by the various voluntary agencies serving the respective disabled groups and these include :

(1) Preschool training for very young children
(2) Special Education to teach basic living skills and to provide academic competency
(3) Vocational assessment and training
(4) Job placement
(5) Sheltered Workshop
(6) Advice and counselling
(7) Residential care facilities
(8) Sports and recreational activities

III. Current services

The existing services for the disabled can be presented in a schematic way through the life cycle approach, that is, the stages of Early Childhood, Pre-school, School, Post-School, and Old Age. (Please see attached Flowchart)

1. Stage One: Early Childhood

A pre-school class is available for the hearing impaired children, aged 2-3 at the Canossian School for thce Hearing Impaired. Nursery classes for the 3-5 year olds are run by 2 deaf schools, the Singapore Association for the Deaf (SAD) and CSD. Cerebral Disabled (CD) children below 5 years of age attend the therapy sessions on either weekly/fortnightly/monthly basis. An Early Intervention Programme for Infants and Young Children (EIPIC) is an intensive programme specially designed to cater for the needs of the Intellectually Disabled children from ages 0-3. This programme is currently being run by the Margaret Drive Special School (MDSS) serving the multiply-handicapped children and a project under the SCSS.

One of the important services available in Singapore is the Development Assessment Clinic which are located in 3 hospitals, namely the National University Hospital, the Singapore General Hospital and the Tan Tock Seng Hospital. The clinic provides a diagnostic service to identify children with disabilities and refer them for early treatment and help.

2. Stage Two-Four: Preschool to School Age

All children within this age range attend classes conducted either at the special schools run by voluntary organizations or in integrated programmes at the government schools. The curriculum at the special schools are planned and designed with the objectives of teaching the disabled students the necessary basic skills and providing them with academic competency. The slant towards either objective would depend on the needs and capacities of the students. For example, the Deaf Schools and the School for the Blind follow the curriculum of the government schools preparing their students for Primary School Leaving Examination while the Spastic Children's Association focuses on the basic living skills.

Children who have visual or hearing impairment are integrated into government secondary school upon successful completion of their primary school education. Presently, the two schools to accommodate this integration are the Ahmad Ibrahim Secondary School and the Mount Vernon Secondary School where special facilities catering for the needs of the disabled students are available.

3. Stage Five: Post-School Age

Here the emphasis is on the vocational training, workshop facilities and employment.

The various voluntary organizations provide vocational training programmes for students who are neither able to proceed further in schools nor get a job in the open market.

Vocational rehabilitation aims to assist the handicapped men or women to discover a niche of usefulness, self-respect and independence, financial and otherwise which is only possible when they find satisfying employment and are taught to live with their disabilities and work inspite of them.

Except for the Vocational School for the Deaf which adopts the curriculum of the Vocational Industrial Training Board (VITB) and prepares the students for National Trade Certificate 3 (NTC 3) examination, the other Associations design their curriculum to suit the abilities of the students.

After some training, the Associations try to place their trainees into open employment. As 80-90 % of the CD and ID trainees will be unable to get jobs due to their more severe disabilities, sheltered workshops have been set up. A sheltered workshop can be described, very briefly, as a work centre which offers more or less terminal employment to persons who, because of their severe disabilities or unstable medical conditions, cannot hope to compete for or find employment in the open market.

Thc primary aim in the workshop would be to train patients, within the limits of their disabilities, to a level of skill which would lead to gainful employment in special jobs. Success in this field depends very much both on the tolerance and the attitude of the trainees and on the tact and consideration given to the trainees by the staff manning the Workshop. Thus, in the Sheltered Workshop, the disabled person is given an opportunity to work in an environment oriented to his handicap. For a number of trainees, the Vocational Training Centre becomes their Sheltered Workshop as they carry on doing the same tasks which they were taught during their earlier training.

The Handicaps Welfare Association (HWA) runs a Vocational Assessment and Placement Centre (VAPC). The VAPC conducts voca-

tional evaluation which forms an integral part of the rehabillitation system. Its services are open to people with physical and/or intellectual disabilities.

The disabled person goes through a series of assessment tests, after which a report will be put up and it will provide the employer with a better understanding about the skills and aptitudes of the disabled person. At present, HWA engages a job placement officer who helps with the VAPC.

4. Stage Six; Old Age

There are very few programmes specifically for the disabled aged as they would have access to services for the aged in general such as day care, residential care and home nursing.

5. Medical Rehabilitation

The World Health Organisation's definition of Medical Rehabilitation is that it has as the " fundamental objective not only of restoring a disabled person to his previous condition, but also developing to maximum extent his physical and mental functions". In other words, it aims at the restoration of function after an injury or a disease.

In Singapore, there are presently 11 government hospitals providing general and specialised medical treatment.

Rehabilitative medicine services are available at the Singapore General Hospital (SGH) and the Tan Tock Seng Hospital (TTS). The department at the SGH has a health enhancement programme which includes health education and exercise programme.

Speech therapy services are available at the School Health Service and the Maternal and Child Health Service, the Child Psychiatric Clinic and some of the voluntary organizations.

The Spinal Injury Centre at the TTS Hospital admits patients with physical disabilities resulting from strokes, head injuries etc. The Artificial Limb Centre at the Hospital provides the making and repairing of artificial limbs, aids and appliances.

6. Social Rehabilitation

This has the objective of enabling an individual to resume his life in the family or community, despite his handicap.

The restoration of function, under the heading of medical rehabilitation, is or should not be an end in itself but should lead to the placement of the individual in a job (vocational rehabilitation) which again has as its ultimate objective his return to the rightful place in society (social rehabilitation).

Social Rehabilitation is just as dependent on the medical and vocational aspects of rehabilitation as they are on it. Work is not only a means of obtaining financial independence and security, but it is also a meaningful or satisfying social activity or not depends on both the capability of the individual to handle his job as well as the milieu of his job environment.

A hostel for the disabled has been set up by the SCSS to help those disabled people who are able to take care of their activities of daily living (ADL) but have no care persons or have difficulty commuting to and from their homes and work places.

Apart from providing accommodation, the hostel also provides opportunities for the residents to develop their ADL skills further, with the aim of enabling them to live on their own, independently in the future. (Those above 45 years of age can apply for Housing Development Board (HDB) flats on joint application basis).

The hostel is situated in a housing estate and in close proximity to facilities in the community such as shopping and transport facilities, hospitals and clinics, religious institution and community centres.

It is located near an industrial area where open employment can be found. For those who are not suitable for open employment, sheltered employment will be provided through leasing an industrial shophouse within the vicinity.

IV. Problems and New Services

1. Needs of Multiple Handicapped Children

In the past, multiple-handicapped (MH) children were either put on programmes meant for their dominant disability or were not serviced at all if they had two or more severe disabilities because agencies had limited

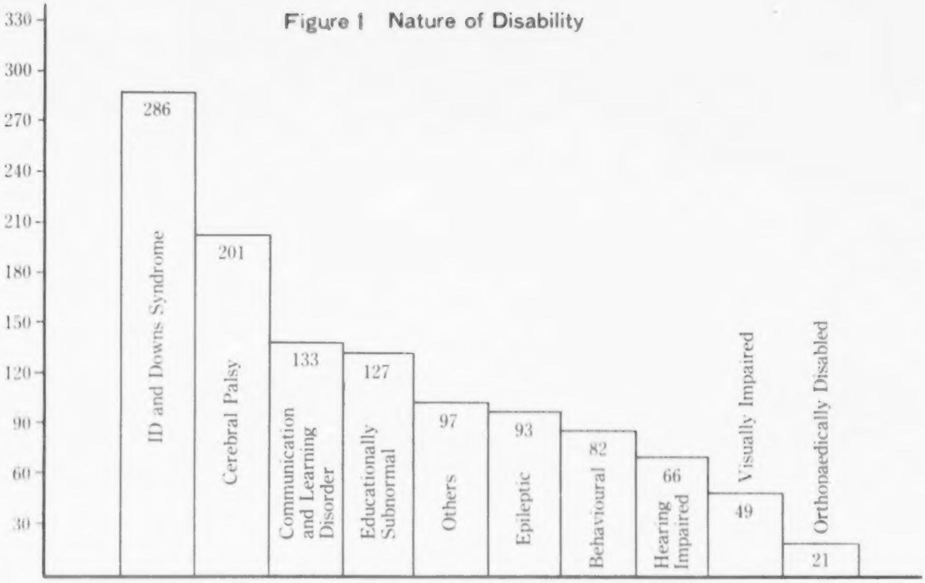
Figure 1 Nature of Disability

resources to service such group of children. Even now programmes for the MH are few in number and are implemented on a small scale.

The Singapore Association for the Blind runs a class for 6 deaf and blind children and another class for 9 ID and blind ones. These classes are managed by teachers, with the assistance from volunteers.

The Asian Women's Welfare Association (AWWA) runs a Centre for the severely disabled children aged 14 and below.

Statistics from the current survey on MH children carried out by the SCSS indicated that there were at least 450 children aged 12 and below who have more than one type of disabilities (see Figure 1). Most of the multiple handicaps involved ID and CD.

New Programme :

The SCSS has set up a School for Multiple Handicapped children not receiving services from the existing agencies. The School is currently providing training to enable the multiple handicapped children to acquire as much social and physical skills as possible so that they can be more independent. The School has two programmes, namely an Early Intervention Programme and the Multiple Handicapped Programme for children from 0-12 years old.

2. Employment

Problem :

Statistics on disabled people compiled from studies done by the MCD indicated that 55 % of the 4385 disabled people interviewed were unemployed. Of the 2416 unemployed at the time of the survey, 61 % or 1464 people were found to be suitable for employment. The types of suitable employment were as follows:

Table 2 Number Suitable for Employment by Types of Employment

Types of Employment	Number	Percentage
Open Employment	531	36
Sheltered Employment	480	33
Home Bound Employment	453	31
Total	1,464	100

It can be seen that there is already a substantial number of people who are ready for employment and with more "graduating" from the special schools and joining the worker's rank, the demand for jobs is high. Personnel in the existing job placement service would need to expand their services to find suitable jobs for those seeking open employment.

Workshops would also need to be expanded to take in the 390 cases as well as those "graduating" from special schools. Statistics from the SCSS's 1985 survey on services for the disabled showed that over 300 workers were employed in sheltered workshops in the various Associations. There is an urgent need to look into the creation of jobs which are meaningful and which offer attractive payment for the 700 workers (current and potential).

If the workshops can generate enough employment, they can also help to absorb some of the disabled who are suitable for open employment but who are unable to find any during this time of economic downturn.

Payment for work in the sheltered workshops are low because of the simple nature of tasks performed, such as sorting and folding. Furtheremore, some trainess have to travel long distances to go to their workshops. It is not only inconvenient but costly for them.

There is also a need to establish a constant supply of jobs for home-bound workers. Data from the MCD indicated that there were 420 respondents suitable for home assignments.

New Services:

A committeee to look into the Employment Programme for the Disabled has been set up by the SCSS.

This Project aims to provide job placement service for those suitable for open employment and a production workshop for disabled people who have popentials to be in the production line but who face difficulties seeking open employment.

3. Accommodation

Problems:

There were about 180 requests for assistance in getting a house/flat or hostel accommodation by those disabled who do not need any assistance in their daily living activities but who have no housing alternatives. A breakdown of the figures is shown in Table 3. As can be seen, most of the requests came from the Orthopaedic (43%) and ID (27%) groups. A further analysis showed that 56% of the respondents were employed and 10% were looking for jobs.

New Programmes:

In order to respond to the need for short term

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Table 3 Request for Assistance for Housing by the Various Disabled Groups

Category of Disability	Number of Request
Orthopaedic	76 (42%)
ID	48 (27%)
Deaf	32 (18%)
Cerebral Palsy	13 (7%)
Blind	11 (6%)

stay and at the same time to allow and provide assistance to the disabled to work towards independence, the Council has set up a hostel for the disabled people. (Please refer to page 161 on Social Rehabilitation). The Singapore Red Cross Society is also setting up long term residential care for 50 severely disabled adults in the neuro-muscular to ID range.

V. Looking Towards The Future

In view of the needs/problems and the gaps in current service provisions, especially in the areas of Rehabilitation, the followings serve as guidelines :

(1) Agencies doing job placement should give more emphasis to group placement. This would make it more cost-effective for employers to adapt the working environment to the needs of the disabled workers.

(2) Eduucation Programme for employers need to be established to focus attention on and create awareness of the abilities of the disabled workers.

(3) A transport network should be set up to facilitate mobility of the disabled workers in open employment.

(4) A working committee should be set up to look into the operation of vocational training centres and sheltered workshops with the objectives of :

a) identifying marketable skills which the trainees can be trained with.

b) identifying saleable products which the workshops can produce

c) assisting individual vocational training centres and workshops to bring about changes needed

d) organizing vocational training centres and workshops on locality based concept. This would cut down the cost and time involved in travelling for the workers, as well as getting the different disability groups to work together to complement each other in producing a product.

(5) There is a need to establish a constant supply of jobs for the home-bound workers. A data bank on home assignment jobs should be initiated. This is to provide linkage between the work suppliers and the home-bound workers.

(6) Residential centres based on the concept of an independent living centre should be established. These would serve as a training facility preparing the disabled to live on their own in the community. The centre could also provide a temporary housing alternative for those who could not get a HDB flat because of their age or have not found someone to share

the flat with.

VI. Future Directions of Council in the Area of Rehabilitation for the Disabled

Being the national co-ordinating body of all voluntary welfare agencies, the SCSS has to adopt a broad perspective in analysing the present trends and to forecast on the future. In view of the prevalent situation, the Council will be consolidating a 3-year Rehabilitation Programme Plan with the relevant Ministries and organisations.

by Singapore Council of Social
Service (SCSS)

REHABILITATION IN THAILAND

I. General Situation

Thailand covers an area of 506,880 square kilometers with a total population estimated at 53 million in 1986, growing at an annal rate of 1.9 percent. Geographically, the country comprises four regions : The mountainous north, the central plain (which used to be called the "Rice Bowl of Asia"), the northeast (a semi-arid plateau),and the southern peninsula. One in ten Thai people live in Bangkok, the capital. The population in Bangkok in 1986 was about 5.4 million.

Economically, Thailand enjoys agricultural self-sufficiency. Traditionally an agrarian nation, since the 1960's with diversification of the economy, Thailand has boosted its agricultural exports, industries and manufacturing. The industrial sector is increasing: today, manufacturing is second only to agricuculture in importance.

Thai people are predominantly engaged in agriculture. Approximately 23 percent live in urban areas, while 77 percent are in rural communites. Although Buddhism is the primary and state religion, Thai people have always enjoyed religious freedom. H.M. the King is the patron of all religions. At persent, about 95 percent of Thais are Buddhist, 4 percent Islamic and 0.6 percent are Christian. Thailand is governed by a constitutional monarchy with the King as Head of State.

Administratively, Thailand is divided into Central, Provincial and Local Administration. Fourteen Ministries represent the Central Administration, namely the Ministries of Agriculture and Cooeratives, Commerce, Communications, Defence, Education, Finance, Foreign Affairs, Interior, Industry, Justice, Public Health, Science, Technology and Energy, University Affairs, and the Office of the Prime Minister. Each Ministry is structured into Departments, Divisions and Sections.

Provincial Administration is the system of deconcentration with a hierarchical unit administered and staffed by the Central - Administration. There are 73 provinces. Each province is headed by a governor who is apointed by the Ministry of Interior except that of the Bangkok Metropolis where the Governor is elected. The province consists of a district, Tambon, or group of villages (generally comprises 3 - 10 villages) and village which is the smallest administrative unit. Tambon and villages are headed by Kamnan and village headman respectively.

Local administration is characterized by decentralization and composed of the Provincial Administraton, the Municipality and the Sanitation District.

Population density is about 98 per square kilometer. Life expectancy for males is 61 years and females is almost 65 years.

Thai is the national and official language which has its own distinctive written form and dialects.

For several centuries, Buddhism has been the core of view of life of the Thais which forms the foundation of most attitudes and values. As Buddhism permeates every facet of the Thai culture, the generosity, gentleness, patience and mutual assistance crystalize the prominent characteristics of the Thai. In the countryside, the monasteries traditionally serve as the religious, cultural, educational and humanitarian centres of all villagers. Buddhist monks have long played and important role in performing the rites and celebration for people as well as assisting disadvantaged groups such as the disabled, the mentally disturbed, the orphans, the elderly and the sick.

II. Rehabilitation in Thailand

Existing Governmental and Non-governmental Programmes in the Fieldof Disability

1. Governmental Programmes

Programmes for the disabled on part of the Government are concentrated in the three major Ministries : Public Health, Education and Interior.

(1) The Ministry of Public Health

The hierarchy of governmental health facilities in Thailand is made up of health centres at the local level normally serving one Tambon or group of villages, community hospitals at the district level, general hospitals and regional or teaching hospitals at the provincial as well as national levels. Generally in each province, there exists at least one general hospital. Also there are university hospitals under the jurisdiction of the Bureau of University Affairs.

The Primary health care programme in Thailand which was introduced in the late 1970's can be conceptualized as "public health services of the community by the community and for the community". The objectives of the programme are to expand the coverage of health services, particularly - among the underserved rural population, utilize community resoures, and encourage participation of rural people to solve individual health problemes and eventually to establish self-help programmes at the village level. Innovative approach rests with the training of key village health-resources primarily the Village

Health Communicator (VHC) responsible for health education and dissemination of health information and the Village Health Volunteer (VHV) having the responsibilities beyond that of the VHC to include the simple curative aspect of health.

Through the Deprtments of Health, Medical Services and Communicable Diseases Control, the Ministry renders medical services and rehabilitation to disabled people. Attempts have been made to integrate curative and preventive measures for the physically and mentally disabled in most of the general hospitals.

Medical rehabilitation has been developed in Thailand to the extent that medical rehabilitation departments or units are set up in 128 hospitals throughout the country. Of these, 99 hospitals are under the jurisdiction of the Ministry of Public Health and the remaining are attached to state enterprises, different ministries, the Bangkok Metropolis Administration and universities, including private hospitals.

However, there needs to be an increase in the number of the Ministry of Public Health, considering the disabled population. Currently there are 34 physiatrists, 71 physicians assuming head of the rehabilitation medicine departments, 64 physiotherapists, 164 physiotherapist assistants, 10 occupational therapists, 119 occupational therapist assistants, 100 psychiatrists, and 86 prosthetic and orthotic technician graduates.

In realizing the significance of appropriate low cost technology for the disabled, the Ministry of Public Health has been constantly developing the prostheses, orthoses and mobility aids at a cost many of the disabled can afford. To date, over 80 percent of the components are domestic products. Also the Thai Jaipur foot is being developed at the Rubber Research Center, Ministry of Agriculture and Cooperatives, most physiotherapy equipment is made locally from available materials and assembled in the country.

(2) The Ministry of Education

Special education in Thailand was undertaken in 1952 under the Special Education Division, Department of General Education. Persuant to the National Education Scheme of 1977 which is still in effect, the State shall endeavor to make education accessible to the poor, the physically, mentally and socially handicapped as well as the educationally disadvantaged, and special education may be given in a special institute or in an ordinary school. Consequently, special education programmes are arranged in different natures: education for the blind, the hearing impaired, the mentally retarded, slow learners, the chronically hospitalized children and education for such disadvantaged as children from leper asylum, deprived families, families affected by communist infiltration.

The Ministry of Education organizes, supervises and promotes special and welfare education for mentally and physically handicapped children and children with specific social and economic problems. It aslo coordinates with other agencies and foundations having commom objectives in promoting special education. The special education programmes to be presented here will indicate the joint responsibilities with no clear- cut point between the govermnent and private sectors.

As regards education for the blind , there are 3 special schools, one belong to the Foundation for the Blind in Thailand under the Royal Patronage of H.M., which the Queen established as early as 1939, and the other two run by the Ministry. Another 18 schools are implementing experimental mainstreaming programmes at primary and secondary education levels which are operated by the Ministry, the municipality, and the Private Education Commission. The Ministry has provided them with resources, teachers and itinerant teachers.

In ordr to serve the needs of hearing-impaired people, the Ministry runs 8 schools for the deaf, the hard-of-hearing and the multi- disabled throughout the country. The mainstreaming programmes for the hard-of-hearing in regular schools locating in Bankok as well as in provinces are also provided as a pilot project both at primary and secondary education levels.

For physically disabled people, the Ministry provides teachers to a school for the physically disabled owned by the Foundation for Welfare of the Crippeled under the Royal Patronage of H.R.H. the Princess Mother.

As far as mentally retarded people are concerned , the Ministry runs two schools in the North and Northeast, provides teachers for a school operated by the Foundation for the Welfare of the Mentally Retarded. There is also a school run by the Ministry of Public Health in Bangkok. In addition, the Ministry of Education runs mainstreaming programmes for mentally retarded people in 6 regular schools located in various regions.

In realizing that a great number of school children are being hospitalized as a result of chronic diseases which prevents them from attending schools, the Ministry has set up classes in 8 hospitals in Bangkok Metropolis as well as in major provinces. This is to assist them not to be far behind their peers when resuming their schooling.

(3) The Ministry of Interior

The welfare and rehabilitation of disabled people fall within the mandate of the Department of Public Welfare and Department of Labour.

The Department of Public Welfare renders five categories of services to the disabled. The welfare institutions are provided for the various types of needy, dependent and distressed disabled adults and children, namely, two homes for disabled adults, a half-way home for discharged mental patients, one home for crippled children and two homes for mentally handicapped children. For vocational and skill development of the disabled, three vocational training centres have been set up in various provinces to provide them with training in various fields for self-employment and employed work.

Another programme is the IYDP sheltered workshop located in a province close to Bangkok to provide employment opportu-

School for the Blind in Thailand

nities for the disabled who have completed vocational training courses and cannot as yet find employment in the general labour market. The Department also renders necessary prostheses and orthoses to needy physically disabled persons in order to facilitate their vocational trainig and employment. This is either on free-of-charge, or cost-sharing basis.

Built up during 1981 IYDP, the Rehabilitation Fund for the Disabled, has set the following objectives: to provide vocational capital for either taking up vocational employment or to expand the existing business of the disabled, to provide prostheses and orthoses to the disabled whose contribution shall be no less than 50 percent, to render support for research pertaining to disability and the activitees of IYDP Sheltered Workshop, including the provision of vocational training equipment.

2. The National Committee on Welfare and Rehabilitation of Disabled Persons

Established as early as 1976, the committee functions as a consultative body to the Government on welfare and rehabilitation of disabled persons and coordinates the endeavours of public and private sectors including foreign and international organizations concerned. The Permanent Secretry of State for the Interior is the chairman of the Committee. Four sub-committees on medical, educational, social and occupational, and legislation and administration have been appointed to undertake all aspects of welfare and rehabilitation for disabled people. The Department of Public Welfare acts as a secretariat to the Committee.

The Department of Labour has been operating a Workmen's Compensation Fund Programme since 1973 as an initial part of social insurance scheme in Thailand and as a social security measure for reducing labour disputes, and for labour promotion and rehabilitation. The Programme provides compensation to employees in business enterprises, other than agriculture, fishing, private schools and state-enterprises, employing over 20 workers who are injured, disabled or deceased as a result of industrial accident injury or disease. Up to now, there are 66, out of a total of 73 provinces, being coverd by this Fund. The Department is in the preparatory stages of extending the coverage to non-industrial accidents, diseases and injuries.

In addition, The War Veterans Organization of Thailand under the Royal Patronage, Ministry of Defence, administers a vocational training centre, a hospital and a sheltered workshop for disabled war veterans. Services provided include medical, vocational, educational and social rehabilitation and other assistance comprising living allowance, economic loans, funeral assistance, housing assistance and employment services.

3. Non-governmental Programmes

The family, relatives and community have traditionally been a cornerstone in looking after their disabled members. However, in the past few decades one can observe the establishment of various non-governmental agencies to serve the growing needs of the disabled. Some private agencies had initiated rehabilitative programmes long before the Government assumed such duties.

There are currently over 50 well-established non-governmental agencies whose primary objective is to render services to the blind, the hearing impaired, the physically disabled, the mentally handicapped, lepers and mental patients. It can be said that few organizations are dealing with disability prevention. These exclude the international organizations working locally and the organizations of disabled people. To cite a few examples:

Foundation for the Blind in Thailand Under the Royal Patronage of H.M. the Queen has been operating the Bangkok school for the Blind, Skill Development Center for Blind men, Caulfield Memorial Library for the Blind of Thailand, Rehabilitation and Training Center for Blind Women and Vocational Development Centre for the Blind, situated in Bangkok and nearby Provinces.

Foundation for the Welfare of the Crippled Under the Royal - Patronage of H.R.H. the Princess Mother renders medical rehabilitation and counselling services in addition to its operation of a school for the crippled children. For those living in provinces, the Service Centre for the Crippled of the Foundation serves them with accommodation, transportation and education during their medical treatment.

Foundation for the Welfare of the Mentally Retarded of Thailand under the Royal Patronage of Her Majesty the Queen provides education both for pre-school and educable (I.Q. 50 - 70) levels in five institutions, and those between the age of 3/2-18 years in a school, supports the volunteers and equipment for the special class of the school in certain slum areas, runs a sheltered workshop for the mentally retarded adults and teenagers, renders technical support to the concerned personnel and educates the parents in taking care and preventing mental retardation. To distribute services to the regional areas, the Foundation has recently set up the welfare center for the mentally retarded in all regions of the country to educationally rehabilitate the pre-school and school-age children.

The services of the Foundation for the Deaf in Thailand Under the Patronage of H. M. the Queen comprise the support of education for the deaf in terms of subsidies and equipment, teaching media, the provision of scholarship and hearing aids for the needy deaf schoolchildren and counselling services for the parents and deaf children.

The National Council on Social Welfare of Thailand Under Royal Patronage provides services which can be categorized as operation of goodwill industry, dissemination of knowledge about disability prevention, arrangement of recreational activities, raising rehabilitation funds for economic loans and technical aids, organizing "Annual Disabled Persons'Day."

The Christian Foundation for the Blind in Thailand in the Northeast runs an Education Center for the Blind providing preliminary training for blind children aged 5-12 years before mainstreaming in the regular school and pre-vocational training for the blind between 12-30 years of age. Besides, the Foundation produces teaching media and lends educational equipment to blind children free-of-charge. For blind persons over school-age and living in rural areas, the Foundation offers training in activities in daily living and in working with their family members. Also a home for multiple-disabled people has been set up in a province near Bangkok Metropolis.

The Christian Organization for the Handicaped in Thailand operates two major activities. For vocational rehabilitation, a skill development center helps building up more skills for the disabled who complete the vocational training courses of the government and renders further support for them to take up self-employment i.e. radio and T.V. repairing, shoe repairing, dressmaking. The other programme is the training of volunteers working with the disabled and disabled leaders.

The Sai Jai Thai Foundation Under the Royal Patronage extends financial assistance, medical and vocational rehabilitation for the disabled war veterans.

III. The Natioanl Policies and Plans

Thailand formulated its National Long Term Welfare and Rehabilitation Plan (1982-1991) in 1982. The Plan contains five major components namely medical, educational, vocational and social rehabilitation for the disabled, and the prevention of disability. However, when it comes to the translation of the plan into implementation, the guidelines set forth are far from attainment. The medical rehabilitation appears to be the area where progress is outstanding.

From 1982-1986 or almost all of the first half of the UN Decade of Disabled Persons, Thailand was undergoing the Fifth National Economic and Social Develoment Plan. According to the policy framework of social welfare development specified in the Plan, the disabled are regarded as a special target group along with such many other groups of underprivileged people as orphans, needy children, aging victims of disaster, women, etc. in which welfare assistance would be provided to enable them to become self-reliant. By this, private sector and general public would be encouraged to participate in the provision of welfare services and families would be strengthened to take care of disabled family members. Besides these, more vocational training centres would be set up in various provinces and rural areas and support also would be given to the work of the National Committee on Welfare and Rehabilitation of Disabled Persons.

As far as the present national policy relating to the disabled is concerned, included in the government policy stated to the National Assembly in August 1987 were the provision of education for development of quality of life of all population groups focusing on educational equality and the widening of educational opportunities for the people in poverty stricken areas and the disabled. Also in health development, the prevention and reduction of accidents and public disaster will be accelerated including the rehabilitation for the disabled in order to enable them to lead their normal lives and to become ecomonically self-reliant.

1. Medical

Health: During the first half of the United Nations Decade of Disabled Persons, rehabilitation medicine units or departments have been set up covering a number of 86 general and community hospitals throughout the country. Prosthetic and Othotic services utilizing native materials at low cost have been provided in the rehabilitation units of 32 general and community hospitals. In addition, many communicable diseases, i.e., poliomyelitis have been brought under control. Therefore, emphasis has been shifted towards such non-communicable diseases as diabetes mellitus, heart diseases, etc. Personnel development in medical rehabilitation has been expanded to a satisfactory degree.

Apart from the above regular activities and programmes undertaken by both the governmental and non-govermental agenies dealing with the disabled people, government health services for all are mainly rendered by the Ministry of Public Health with the aim of delivering four basic health services. These are:

(1) Prevention of diseases

(2) Promotion of health

(3) Diagnosis and treatment of diseases.

(4) Rehabilitation.

The services are administered through the Office of the Permanent Secretary for Public Health, the Deparetment of Health, the Department of Communicable Diseases Control and the Department of Medical Services. The Ministry of Public Health has integrated preventive and curative measures for physically and mentally ill in most of the general hospitals, while communicable diseases are separately treated and rehabilitated. An expanded immunization program is the major policy of the Ministry of Public Health in preventon and has been effectively carried out by the department concerned. To date, small-pox, plaque and yaws are completely eradicasted.

Actually, medical rehabilitation services in this country were gradually developed since 1949. At the beginig the service was limited to a few institutions such as university hospitals, military hospitals and some other principal government hospitals. Later, in 1969 the Ministry of Public Health, with assistance from WHO and UNICEF, started a project known as "Medical Rehabilitation project" in which medical rehabilitation service was planned to be set up throughout the country.

A department of physical medicine, where medical rehabilitation is administered, has been planned to set up a regular service in all regional and provincial hospitals all over the country. According to the plan of operation, both short-and long-term programs are formulated and implementation of the programs has been carried out accordingly. Despite the assistance from WHO in setting up the School of Physiotherapy at Siriraj Hospital Medical School in 1965, problems from shortage of rehabilitation personnel compelled training courses for lower category of personnels to be developed and conducted, such as courses on physiotherapy assistants, on occupational therapy assistants and on orthotic and prosthetic technicians. These categories of personnel are trained by the Ministry of Public Health, while personnel at professional level are trained in universities.

At present, Thailand has successfully set up medical rehabilitation units in 15 regional hospitals and 52 general hospitals in 67 provinces, while the other 21 provincial hospitals are provided with physiotherapy as part of medical services.

Orthotic and prosthetic services essential for the treatment and rehabilitation of physically disabled patients had been fosterrd by UNICEF in supplying all necessary equipments to set up a workshop at Lerd-Sinn Hospital, the Department of Medical Services since 1967. Later, curriculum for orthotic and prosthetic technicians was set up by the Department of Medical Services under the approval of the Civil Service Commission and the course was conducted at Lerd-Sinn Hospital since 1975. Up till now the Ministry of Public Health has been able to provide orthotic and prosthetic services in 32 hospitals consisting of 15 regional hospitals and 17 provincial hospitals. This service is planned to be set up in all provincial with a capacity of not less than 250 beds.

A Mental Health Service is also provided in most of the regional and provincial hospitals as part of medical services. Sophisticated treatment facilities are available at the psychiatric hospitals in Bangkok and in the provices. There are altogether 7 psychiatric hospitals throughout the country.

Expecting "Health for All by the Year 2000" a community program of medical rehabilitation known as "Community Based Rehabilitation" has been simultaneously planned to be integrated into the Primary Health Care Program, utilizing both VHV and VHC for the purposes of prevention of disability and rehabilitation.

The current rehabilitation services provided in the hospitals under the Ministry of Public Health is estimated at 50 to 70 percent of the total number of patients attending hospitals.

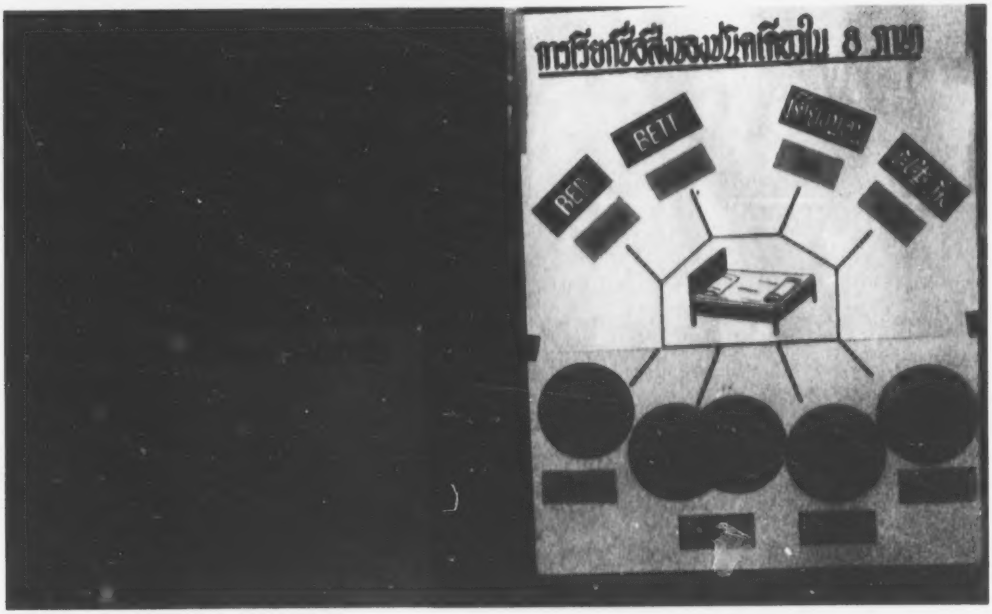
2. Education

Special Education : Since IYDP, it can be generalized that mainstreaming has been increasing in importance. The number of schools under different jurisdictions and in various localities participating in the mainstreamed programme have been on the rise as well as the number of disabled schoolchildren, namely the slow learners, the hard-of-hearing and the blind. A school for the mentally retarded was set up in the Northeast to widen the educational opportunities of those educable mentally retarded living in the provinces. Also in-service training and a refresher course for special education teachers are arranged regularly.

Another achievment is the setting up in 1984 of the "Minimum Standard for Provision of Primary Special Education for Four Types of Disabilities" coordinated by the Office of the National Educational Commission with collaboration from the concerned authorities in special education. The target groups are the visually impaired, the hearing impaired, the physically disabled and the mentally impaired. This project was financially supported by the Government of Australia through the ASEAN Educational Development Project.

3. Vocational

Employment and Income Support : In the field of employment, disabled people in Thailand, as elsewhere in other developing countries, are faced with difficulties in receiving medical, vocational and social rehabilitation suited to their disability, interests and needs, and in getting gainful employment. Only a limited number of disabled people have such opportunities since there are few



The Exhibition of Association for the Deaf of Thailand

vocational training centres in the country, and the skills and competency of those who complete the vocational training course in comparison with the able-bodied in the general labour market are yet to be upgraded to be more competitive. The introduction of an enforced employment - quota system as proposed in the Rehabilitation Bill for the Disabled being drafted seemed to be a controversial issue at present. The controversy about whether to adopt a quota system to enforce the business establisnments on one hand or to upgrade skills of the disabled without employment quota on the other is still being debated.

In the year 1985 an Industrial Rehabilitation Centre was set up in joint cooperation between the Royal Thai Government and the Government of Japan for providing medical and vocational rehabilitation to enable disabled workers to resume employment in the labour market. Vocational rehabilitation is arranged in two phases: pre-vocational training and vocational training in certain fields. Employment placement is also provided after completing training at the centre.

As such, workers who become disabled because of injuries or accidents in the workplace seem to have more opportunities in rehabilitation and returning to employment than the disabled in general, as a result of compensation paid by the Workmen Compensation Fund and rehabilitation provided by the Industrial Rehabilitation Centre.

In Thailand there is no concrete social

insurance scheme since the enforcement of the Social Insurance Act of 1954 was suspended since its inception. Consequently, needy and distressed disabled persons have to rely on social assistance provided by various government and non-governmental agencies in addition to the support of their respective family, kin and community.

4. Social

Social and Cultural Aspects : The mix of Brahmanism, Buddhism and Animism made Thai people believe in a link in a chain of lives, each conditioned by volitional acts committed in previous existences. The concept of karma, the law of cause and effect, suggests that selfishness and craving result in suffering, and conversely, compassion and love bring one happiness and well-being. Implicitly, disability is the result of one's bad deeds in previous existences. This has created two opposing attitudes towards the disabled. On one hand, people tend to have pity on them and therefore they are overprotected. On the other hand, they are kept from the public eye or are discriminated against in many ways.

Consequently, the opportunities in social, economic, political and cultural lives of the disabled, their achievements and mobility depend largely on their social and economic status. Self-reliance of an individual disabled person generally goes hand in hand with dependency on their families and kinship as far as the cultural heritage and the extended family context of the Thais are concerned.

Since IYDP 1981, there has been an increase in the awareness of the disability problems and issues due to the nationwide activities and campaigns for dissemination of information, fund raising, public education, etc. It can be said that the public attitude toward the disabled has gradually become more positive and realistic.

Since 1982, public relations programmes in disability prevention, disabled persons and disability related matters have been carried out regularly through mass media. Specifically at the end of 1985 when the Christian Foundation for the Blind in Thailand organized a walkathon of the blind school children from a Northeast province to Bangkok to commemorate the International Youth Year and to raise funds for education of the blind, there was a good acceptance by the public in particular, concerning the latent potential of disabled people.

Legislation : Over the past decade there has been a constant attempt on the part of the Government to draft "the Welfare and Rehabilitation Bill for the Disabled" for the benefits of disabled Thai people. Over the years, the components of the draft has been carefully reviewed by the concerned authorities at different levels and on several occasions. However, the major constraints which hampered the joint efforts of the Government, the private sector and the organizations of disabled people seemed to be the applicability of internationally accepted principles in the Thai context such as the enforced employment quota system, the allocation of limited resources to provide more access and to equalize the opportunities for the disabled and to promote greater participation in the social, economic and cultural lives of the Thai society.

The present draft of the Bill contains essential elements. Namely the establishment of the national policy-making and consultative body and the national implementing agency, the registration of disabled persons, the provision of rehabilitaiton services and the equalization of opportunities for greater participation of the disabled, the introduction of an employment-quota system, the accessibility and the building up of a national rehabilitation fund.

Since its inception, the Council of Disabled People of Thailand has been a spearhead for advocating the civil rights of the disabled especially the preparation for the pertinent information to be incorporated in the Draft Rehabilitation Bill and the public campaigns.

As far as the existing laws, rules and regulations pertaining to the disabled persons concerned, it can be said that the problems in this area lie mostly not in the legal provisions per se, but in such issues as the interpretation, the flexibility, and the extent of the enforcement of those responsible for observance of such laws and rules or regulations, such as judgment and discretion in the exemption from compulsory education of a disabled child, the political rights of the blind to vote in an election, the qualifications for recruitment as civil servants.

Organization of Disabled Persons: Inspired by the spirit of the First World Congress of People with Disabilities (convened in Singapore in IYDP 1981) and the increased awareness of the major group of and for disabled people, the first organization of the disabled Thais was formed in 1982 under the name "The Council of Disabled People of Thailand (CDPT)". Although the CDPT has not yet obtained a legally registered sutatus, it comprises five major legal organizations of the disabled namely, the Associations of the Blind, the Physically Handicapped, the Deaf, the Disabled Veterans and the Parents Association for the Retarded. The significant activities of these organizations include advocacy on the civil rights, the provision of welfare programmes, services essential for disabled people and counselling for members, the organization of seminars and meetings on the issues pertaining to disabled people and the collaboration with related governmental and non-governmental agencies.

The significant achievement of the organizations of the disabled Thai during the first half of the UN Decade of Disabled Persons seems to be the innovation of "the Dictionary of Thai Sign Language Volume I" published in 1986 as a result of the research on Thai sign language concluded by the Association of the Deaf in Thailand. This Dictionary will be made available to the public for reference, the parents of the deaf, and for training of the teachers for the deaf.

Apart from the legally registered organizations, there exist also the informal groups of disabled people. To cite a few, Chiengmai

Handicapped Club in the North and the Disabled Women's Club of Thailand in Bangkok.

To date, the Council of Disabled People of Thailand has organized two national congresses of the disabled: the first in 1982, and the second in 1986. The representatives of different number organization are proportionally elected to sit in the executive committee of the Council. Both the registered organizations of disabled people and the informal groups can be said to be self-reliant. So far, the governmental support extended to these organizations is primarily technical.

5. Looking Towards The Future

In retrospect, the first half of the United Nations Decade of Disabled Persons saw various constraints and achievements in the area of disability and rehabilitation.

With respect to special education, the mainstreaming programme is seen as a new era to integrate the disabled with the able-bodied children and to widen their opportuninties to lead a normal life to the greatest extent possible. Of satisfactory result is the mainstreaming of blind people into the reglar classrooms.

The years 1982-1987 marked the new dimensions of both the organizations of disabled persons and the organizations dealing with the mentally retarded. New associations of the disabled have been founded while existing associations are being strengthened with the increasing awareness of the rights and equal opportunities of the disabled. Advocacy for the rights and leadership training of the disabled Thai are no longer new issues. Networking between the Council of Disabled People's International are being strengthened and expanded. Also a number of associations and foundations rendering services to the mentally retarded have jointly set up a Coordinating Committee for the Mentally Retarded to be a focal point for policy formulation, operation, resource sharing, exchange of knowledge and experience and coordination between all member organizations. Accordingly, during the next five years, the coordinating body of the organizations working within the field of disability will be seen to play a more important role.

The conduct of a reliable epidemiological study has indeed helped solve the inavailability of reliable and comprehensive data on disabled persons. It also greatly facilitates the pilot project in community-based rehabilitation to test WHO manual on "Training Disabled in the Community", the results of which have proved to be satisfactory. This actually lays the foundation for introduction of community-based rehabilitation in Thailand to be integrated into the existing primary health care network.

Since it is realized that education for the deaf has progressed at a slower pace than those of many other groups of the disabled, the first dictionary of Thai sign language is quite an innovation in this sphere which not only assists the deaf but also promotes understanding between the deaf and the public.

Amidst these achievements, several constraints prevail. Common to all developing countries is the shortage of trained personnel especially in medical and vocational rehabilitation and qualified special education teachers, limited vocational training facilities and concentration of services and programmes for the disabled in Bangkok Metropolis and major provincial areas.

The Public attitude toward disabled people is of crucial importance in rehabilitaion and equalization of opportunities for the disabled. Prejudice and discrimination against the disabled will continue to be major barriers excluding them from successful integration and participation in normal lives of the society. Also the "physical environment access" concept or freedom architectural barriers will have to be suitably applied in the Thai context. For this, education for the public and the concerned personnel is deemed vital in order to induce further changes in physical environment.

As far as special education is concerned, attitudes of the parents in relation to misbeliefs and religious beliefs still pose a problem in convincing them to accord the importance of education, insofar as education has not yet produced concrete results. Similarly, there is a lack in knowledge of the potential of disabled persons among the public in general which, to a great extent, limit their employment opportunities.

6. Priorities for Future Action

Considerable tasks have to be undertaken during the second half of the United Nations Decade of Disabled Persons. Although clear priorities have not yet been set, the following are the areas of major concerns on part of both the governmental and private sectors.

The policy framework concerning disabled persons for the next 5 years is reflected in the Sixth National Economic and Social Development Plan (1987-1991). Generally, the plan specifies that disabled persons are regarded as one of the disadvantaged groups who will be encouraged to become self-reliant. The family, the community and the private sector will also be encouraged to better partake in the prevention and solving of social problems.

Disability prevention programmes will be foremost, particularly the prevention of accidents, communicable and non-communicable diseases in view of limited resources. The implementation of community-based rehabilitation programmes will be extended throughout the country. Also a National Rehabilitation Centre will be set up for the benefit of the disabled.

Mainstreaming programmes will continue to be a major concern in the special education area. More schools in the provincial areas will be encouraged to participate in the programme, and the number of participating disabled children will be increased. Along with these, more special schools for the mentally retarded and the blind will be established to cover all regions of the country and more in-service training for special education techers will be offered.

In order to promote greater employment

opportunities for the desabled, more vocational training and skill development centres will have to be set up more in line with the upgrading of the disabled skills.

In the area of legislation to be enacted, which has had such a delayd development, public campaigns for its necessity will have to be launched by all concerned parties centering around the economic gains and productivity to be generated by the disabled, more than on mere humanitarian grounds. The organizations of disabled persons will be strengthened to become the catalyst for inducing public awareness and participation.

As far as social security measures are concerned, the scope of the Workmens' Compensation Fund Programme will have to be extended to nationwide coverage, while the preparation for insurance measuress against non-industrial diseases, accidents and injuries will be developed from such base.

Last but not least, a public education campaign for recognition and acceptance of the disabled will continue to be a major concern of all parties relating to the rehabilitation and equalization of opportunities for disabled persons.

by Council on Social
Welfare of Thailand.

REHABILITATION IN WESTERN SAMOA

As in many parts of the Third World, the full extent of disabilities in Western Samoa is not known. Although spot surveys have shown the problem to be significant, knowing that there is a problem, however large, has not been enough; there are attitudes to change and services to provide. In our country, prevailing attitudes towards disabilities has been one of shame, and this is still very common amongst Samoans. It has been the belief that such physical and mental disfunctions are punishment from God for some wrong doing, and thus the desire to keep this from becoming public knowledge has promoted the tendency to keep disabled persons hidden. It was also felt that nothing could be done for these persons to make them active contributors to the family. As a result, it has not been altogether uncommon to find totally uneducated, malnourished, and through lack of exercise, further incapacitated persons in Samoan homes.

With the establishment of the Lepers Trust Board of Western Samoa and the Western Samoan Association for the Blind in the 1960s, Samoans began to witness that physically and visually disabled persons could become mobile, socially and economically participating members of the society. Through their combined efforts interest in the disabled slowly began to grow in Samoa. At that time, the Government of Western Samoa provided little assistance to ongoing programs.

Loto Taumafai, The National Society for the Disabled was founded in 1980-81, to coincide with the International Year of the Disabled Person. Its main purpose is to provide the appropriate services for all disabled persons of Western Samoa, and to encourage the full acceptance of the disabled by the rest of our society. Our main concern is to coordinate efforts by present and future organizations for the disabled, supporting the philosophy that the disabled should and can be integrated into the mainstream of their communities without the set-up of expensive institutions.

All the existing societies for the disabled in Samoa are represented on the Management Committee of the National Society for the Disabled. These include the Society for the Intellectually Handicapped. The Paraplegia Association and the Western Samoa Blind Association, who all manage their own affairs and maintain their own independent status.

Since it was founded, Loto Taumafai has been operating a school for the disabled. The majority of our students are over 15 years of age. Thus, it soon became clear that rather than concentrating on a purely academic course of study for them, it would be more appropriate to offer vocational training that would contribute to their rehabilitation.

The objectives of our National Society for the Disabled for Rehabilitation are: to identify and develop the working qualities of disabled persons; to promote in the fullest measures possible suitable emloyment opportunities for the disabilities; and to overcome in respect of training or employment, discrimination against disabled persons.

The main obstacles that exist for rehabilitation of the disabled in Western Samoa, like all other developing countries, are lack of resources and trained personnel. There is also a need to increase public awareness so that disabled persons themselves are made aware of the alternatives that are available to improve their way of life. A survey carried out by WHO assessed that 7-10% of the population is disabled, giving us a rough estimate of between 12,000-17,000 disabled in Samoa. The main causes of disability are accidents, diseases, age, limited treatment and birth defects.

Within the last decade, there has been much progress in the work for the disabled. There is still much more to be done. Perhaps the best source of inspiration for the disabled in Samoa right now is that Government is now taking an interest, and is giving consideration to some of our plans for education and rehabilitation of the disabled.

by Tulia Wellwork
The Western Samoa
National Society for
the Disabled

(quoted from "international
REHABILITATION review",
2nd and 3rd Trimesters,1987)

REHABILITATION IN WESTERN PACIFIC REGION

(Guam, and former trust Territory of the Pacific Islands)

I. Preface

The Western Pacific Association of the Disabled (WPAD) was initially organized and recognized at the Guam hosted 1980 meeting of the Rehabilitation International's Regional Committee for Asia and the Pacific. Subsequently it became a "country member" of Rehabilitation International at the 1980 R. I. World Assembly in Winnipeg. At the time of the organization of the Western Pacific of the status of the various governments within the Western Pacific Association of the Disabled was undergoing change.

Over the past 8 years that evolution has continued and in doing so, moved to the point where new nations have come forth from the former Trust Territory of the Pacific Islands, so now that it is no longer as feasible, as it once was, for one organization to be composed of and in fact fully represent concerns relating to disability in this area. This, plus the fact that WPAD is having extreme difficulties in the area of finance, have made it necessary for WPAD to focus primarlly on the Territory of Guam and in effect withdraw from Rehabilitation International as a representative of the Western Pacific. In doing so, WPAD has recommended that the Pacific Postsecondary Education Council (PPEC), a regional organization, apply for Associate Membership in Rehabilitation International, and in effect provide a linkage for the region to the R. I. The Pacific Postsecondary Education Council is a Pacific regional organization whose membership consists of the Pacific Postsecondary Education institutions (American Samoa Community College; Northern Marianas College; Community College of Micronesia; College of Micronesia; Guam Community College; Micronesian Occupational College; University of Guam; and University of Hawaii). PPEC presently coordinates projects known as Upward Bound and Talent Search on campuses of four of the region's postsecondary institutions: American Samoa Community College; Northern Marianas College; Micronesian Occupational College and University of Guam. These are U. S. federally funded projects designed to encourage and provide services to disadvantaged youth in terms of postsecondary education. In addition, PPEC has made application to the U. S. Department of Education to obtain funds to initiate, in cooperation with regional postsecondary educational institutions, a project to provide education services and direct mild and moderate handicapped youth toward postsecondary education.

II. Governments of The Western Pacific

1. Overview

The Trust Territory of the Pacific Islands was created by the United Nations after World War II. The Trust Territory of the Pacific Islands consisted of all the Marshall Islands, the Caroline Islands, and all of the Mariana Islands except Guam. Until recently, these Trust islands have been administered by the United States under a trusteeship agreement with the United Nations. The Territory of Guam (one island) has been a U. S. possession since 1898, and is presently an unincorporated Territory of the United States.

The dissolution of the former Trust Territory of the Pacific Islands has resulted in the formation of four new Pacific Island governments. One of these governments, the Commonwealth of the Northern Mariana Islands, has entered into a close relationship with the United States which is termed "commonwealth." The other three of these governments have become independent nations and in doing so, have entered into a relationship with the United States which is termed a "Compact of Free Association." The present U. S. Territory of Guam is in the process of negotiating commonwealth status with the United States.

2. Federated States of Micronesia

The Federated States of Micronesia (FSM), which consists of the states of Pohnpei, Truk, Yap, and Kosrae, has been in existence nearly two years. From the late 1960s, until the initiation of the new governments, disabled individuals within the now Federated States of Micronesia received services as a result of the extension of the U. S. domestic programs to the area. To some extent this meant that programs designed for the U. S. westernized-industrial society were brought to serve clientele who for the most part tended to have characteristics more like those of rural developing areas, than that of an industrial area. The imposition of the U. S. service delivery model seems to have tended to create inefficiency in terms of services delivered for dollars spent. While programs such as P. L. 94-142 Special Education and Vocational Rehabilitation brought dollars, the services were not necessarily appropriate for the realities of the area. As the Compact of Free Association approached implementation date, and the reality that the dollars to support the U. S. domestic extended programs would end over a three-year phase out period, government leaders of the FSM and others sought ways to deliver more appropriate services to the new nations' disabled citizens. In conjunction with Rehabilitation International's Regional Conference in the Fall of 1986, officials from the FSM Central Government, and some state rehabilitation specialists, were able to review the WHO community based rehabilitation service approach as being utilized within Bacolod, Repubic of the Philippines. The knowledge gained from this visit complemented some initial efforts by rehabilitation specialists at the Community College of Micronesia in (Kolonia) Pohnpei State, FSM, who also hold the belief that a community based approach is likely to be the soundest approach to utilize in establishing services for the disabled citizens of the Federated States of Micronesia. Under the U. S. Trust Territory operations, all Special Education and Vocational Rehabilitation services were administered through departments of education.

3. Truk State

FSM decided that the Vocational Rehabilitation Service Program should be transferred from the Department of Education to the Department of Medical Services. U. S. funding for the present program will continue on an annually reduced funding basis for two more years, at the end of this period no specific funds for Vocational Rehabilitation services will be coming to the State of Truk from the United States. In Truk State, special education handicapped children's services will continue under the Department of Education, also with U. S. funding reduced to zero at the end of a two to three year period. The Departments of Medical Services and Education in Truk State look to the FSM Central Government for assistance in establishing a more appropriate and economically feasible model which will make it possible for the disabled citizents of Truk State to participate more fully in life.

4. Yap State

FSM, at present, is continuing a phase-out of the U. S. Model of Delivery of Services to the disabled citizens in Yap. In view of the expense of medical rehabilitation services, Yap has explored and is giving consideration to securing such services from its nearby neighbor, the Republic of the Philipplnes.

5. Pohnpei State

FSM is in the early stages of exploration of the delivery of home based services to the disabled. Over the next two years, Pohnpei will likely slowly phase out its delivery of special education and vocational rehabilitation services under U. S. auspices. In Pohnpei, both Children's Special Education services and Vocational Rehabilitation services have been administered by the Pohnpei State Department of Education. Significantly, the Children's Special Education services leaders have sought out alternative delivery methods beyond that of traditional education. As with Yap State, Pohnpei has sought medical rehabilitation services from its neighbor to the east, and has been successful in obtaining such services from both the Republic of the Philippine Islands, as well as from Japan. Pohnpei is also the base for a specialized Medical Officer training school which is intended to prepare medical officers (as opposed to medical doctors) to meet the needs for medical personnel in the Pacific. The emphasis on preventive medicine in this school will likely lead to significant Pacific Disability prevention efforts.

6. Kosrae State

FSM is operating both Social Education Children's services and Vocational Rehabilitation services under the State Department of Education. As in the case of the other FSM states, U. S. funds will be phased out over the next two years. Kosrae expects to work with the Central FSM Government and the other FSM states in developing a viable program to provide for the disabled citizens of Kosrae State.

7. Republic of Belau (formerly Palau)

Is technically still a part of the Trust Territory of the Pacific Islands, the general background of which was discussed in the Overview of the Western Pacific. At this writing, Belau has not fully completed the process of emerging from the Trust Territory of the Pacific Islands (it will be the last island group to do so), and becoming a nation freely associated with the United States. Thus, at present the Republic of Belau provides formal government services to its disabled citizens through U. S. Domestic programs which were extended to Belau. In the 1960s, under the trusteeship relationship with the United States, these included Children's Special Education Services (P. L. 94-142) and Vocational Rehabilitation services. Once Belau fully enters into its new Free Association status, as is the case with the Federated States of Micronasia, it will assume responsibility from its own revenues for such programs as it wishes to extend to its disabled citizens. It is unclear as to what services might be developed and extended; it is, however, clear that resources to support them will be less than those of the present. Given the general nature of Belau it may well be that a community based/home focused approach will be established in some manner. Belau is exploring the possibility of obtaining some professional therapists from the Republic of the Philippine Islands.

8. The Republic of the Marshall Islands

It was formerly a part of the Trust Territory of the Pacific Islands, the early history of which has been reviewed. Nearly two years ago the Republic of the Marshall Islands became a Pacific nation and entered into a "Compact of Free Association" with the United States. During the trusteeship years, the Marshall Islands were extended the U. S. Domestic programs in a number of areas including Special Education Children's services and Vocational Rehabilitation Services. During the first three years ot the "Compact of Free Association," with the U. S. government, many U. S. federal programs, including services to disabled citizens, will be phased out, and the Republic of the Marshall Islands will need to determine the type of services it may wish to provide to its disabled citizens. As the result of a polio epidemic in the early 1960s, Majuro in the Marshall Islands developed a rehabilitation center, which continues to provide centralized rehabilitation services to Marshall Islands' disabled citizens as well as some disabled citizens from other Pacific Island nations. The establishment of a nursing school in the Republic of the Marshall Islands, as well as a mobile "boat based" volunteer medical service delivery system should provide an expanded degree of medical disabililty prevention services, as well as medical rehabilitation services.

9. Commonwealth of the Northern Mariana Islands

The Northern Mariana Islands, except Guam, subsequent to World War II, became part of the Trust Territory of the Pacific Islands, along with the Caroline and Marshall Islands. Subsequently, the Northern Mariana Islands conducted negotiations which in fact led to then establishing a commonwealth relationship with the United States. Officially, they became the Commonwealth of the Northern Mariana Islands (CNMI), an incorportated territory of the U. S. CNMI has been able to continue all of the U. S. Domestic programs in which they participated as part of the Trust Territory of the Pacific Islands. In addition to the Children's Special Education services and Vocational Rehabilitation services, the Commonwealth has also added both U. S. Domestic developmental disability programs as well as an advocacy office. In his report on government services in the Commonwealth of the Northern Mariana Islands, Jeff Heath in 1987 reported that "local vocational rehabilitation authorities have managed two interesting political funding arrangements which set them apart from U. S. mainland funding. First, the U. S. Federal Vocational Rehabilitation allocations to CNMI do not have to be matched by any local contributions, and secondly those funds not expended in one year may carry over to the next." Through linkages established as a result of Rehabilitation International Activity, the Special Education and Vocational Rehabilitation programs have been able to secure much needed therapy personnel from nearby Asian countries.

III. Pacific Postsecondary Institutions

U.S. federal legislation makes available competitive funds to U.S. instututions of higher educations and non-profit organizations who have an interest in undertaking research, training, and other activities related to providing services to disabled individuals. Within the Pacific, for the U.S. affiliated islands of Micronesia, this has meant direct institutional involvement in training and research. Institutions which have been involved with vocational rehabilitation and/or special education include the Universities of Guam, Hawaii, and Oregon; Community College of Micronesia; Micronesian Occupational College; San Francisco State University; and the College of the Northern Mariana Islands. The space does not permit an enumeration of the efforts and activities of these institutions; suffice it to say that with the phasing out of the U. S. programs and relatedly the U. S. funding, such higher education activity in relation to disabilities, will continue in the Federated States of Micronesia and the Republic of Belau, and the Republic of the Marshall Islands only to the extent that the governments of these three nations are able to identify resources to continue such involvement. Of particular interest are present efforts by the Community College of Micronesia to assist the Federated States of Micronesia in developing a service model which is based upon home training and Community Based Rehabilitation Service concepts.

IV. Conclusion

Since 1980 the Western Pacific Association of the Disabled has directed itself towards improving the situation of disabled citizens in the Western Pacific. In so doing, it has directed its work toward the Territory of Guam and the U. S. Trust Territory of the Pacific Islands. WPAD has sought to develop and promote the involvement of Pacific island disabled people in Asia-Pacific activities. This has been done through an official linkage as a Rehabilitation International and less formal relations with Disabled Persons International (DPI), FESPIC Games, and AbiOlympics. In all of these endeavors it has been possible to obtain disabled Pacific islander representative involvement.

As a result of fiscal constraints in confrontation with political change, WPAD finds itself unable to continue to function at the overall Western Pacific level. Furthermore, WPAD does not have the resources nor person-power to continue as an active member of R.I. On the political side, what was once one political unit in the Trust Territory of the Pacific Islands has become three Pacific Island nations and a U.S. Commonwealth (i.e., Republic of Belau, Republic of the Marshall Islands, the Federated States of Micronesia, and the Commonwealth of the Northern Mariana Islands). This rapid change and related problems have caused WPAD to focus on its home island the Territory of Guam. In withdrawing from Rehabilitation International WPAD is recommending RI consider approving the Pacific Postsecondary Education Council, a non-profit organization, as an associate R.I. member. Such an action will provide R.I. with a linkage to the Western Pacific as well as American Samoa and Hawaii. Such a linkage should prove helpful in encouraging the new nations in the Western Pacific, through higher education institutions, in providing appropriate services for their disabled citizens.

This report would be remiss if it did not emphasize what appears to be a significant change in provision of services to disabled citizens in the Western Pacific. Local community focused efforts at assisting disabled individuals help themselves seem to give strong indication of being considerably more effective that the institutional service centered approaches which have tended to be in the forefront in the past. It appears that the new nations of the Western Pacific might find the community based appraoch particularly effective, as compared to what has been the U.S. imported institutional model of the past.

Jeff Heath summarized the above position well in his book "Disability In the Pacific Islands", when he said, "CBR(Community Based Rehabilitation) places the emphasis on assisting people in local communities, rather than in situations in main urban centers. It develops people, not buildings. Special Centers (buildings) for the disabled are seen as one of many community resources that can be used, rather than providing all the answers to serving the needs of a disabled person." In the Western Pacific, the Territory of Guam and the Commonwealth of the Northern Mariana Islands appear to have clearly committed themselves to the U.S. Industrial Model of Relation, however, the new nations (the Republics of Belau and the Marshall Islands, and the Federated States of Micronesia), do not have a fixed funded operating model of rehabilitation services and thus are suddenly in a position to carefully develop what might be the most appropriate approach for assisting their respective disabled citizens in the best manner possible.

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"Rehabilitation in Asia and the Pacific 1988"

Published and Distributed by

The Japanese Society for Rehabilitation of the Disabled

22—1, Toyama, 1—chome, Shinjuku - ku, Tokyo 162, Japan
Phone : 03-204-0960 Fax : 03-204-0185 Cable : REHABISOC

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